

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	09/11/2024 10:42 (SGT)
Reported by	Actual Driver
Date of Accident	08/11/2024 17:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3464M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M & F INDUSTRIAL (S) PTE LTD
Company Reg No	198303897E
Email Address	mnf1983@mnf.com.sg
Mobile Phone No	(Phone) +65-97369891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600
Vehicle Fuel	Petrol
First Registration Date	11/08/2017
Chassis no	JMYSRCY1AG007023
Effective Date/Time of Ownership	11/08/2017 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5100904813-06

DRIVER

Name of Driver	TOH PENG YEOW
NRIC No	S1575011A
Date Of Birth	11/06/1963
Occupation	Indoor
Driving Pass Date	15/03/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87322726
Alt. Phone Number	-
Email Address	ANDREWTOH1106@GMAIL.COM
Address	BLK 405B FERNVALE LANE 17-111 SINGAPORE 792405
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MISS LAI BEE BEE
Gender	Female

PASSENGER 2

Name	MISS WONG GIAK HONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH OWNER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6890K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. TAN HAN QI
Contact Number	(Phone) +65-88182676
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

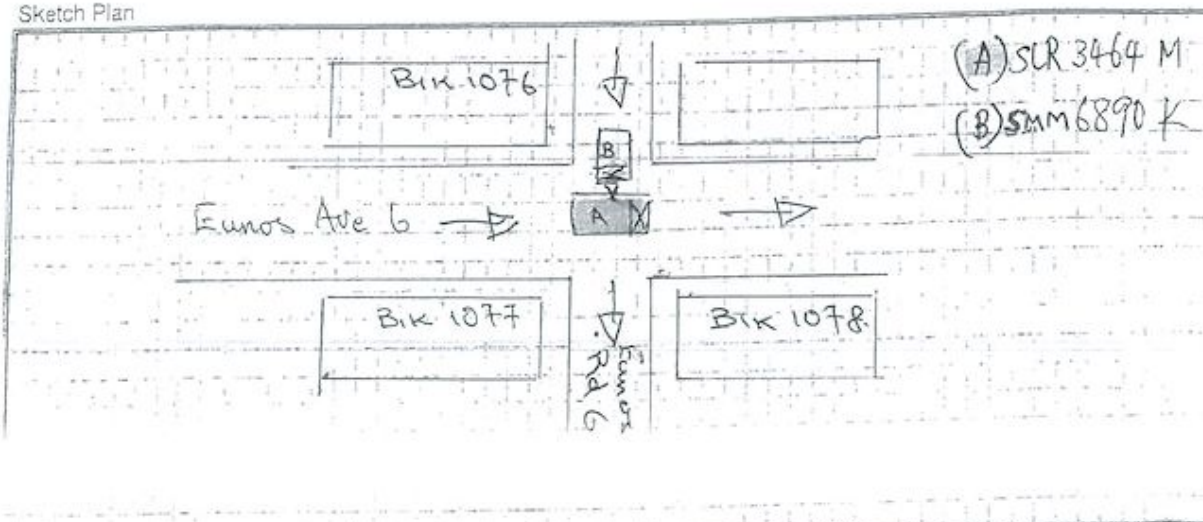


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON 8/11/2024 at about 5-04 PM I was driving my vehicle SLR 3464 M along Eunos Avenue 6. I was travelling straight when a vehicle - SMM 6890 K from the side road collided onto the left-side of my vehicle. I sustained damages on my left (Front/REAR) Door. I got 2 passengers in my car. and they are not injured.

I reporting this for 3rd party claim against SMM 6890 K.

Report: 3rd party claim at:-

EM SOLUTION PTE LTD
160 Sin Ming Drive
#03-18/19 Sin Ming Autocity
Singapore 575722
Tel: 6456 0226 Fax: 6458 4500
Email: emautosolution@singnet.com.sg

Declaration

I/We declare the foregoing particulars are true in every respect.



Adrian











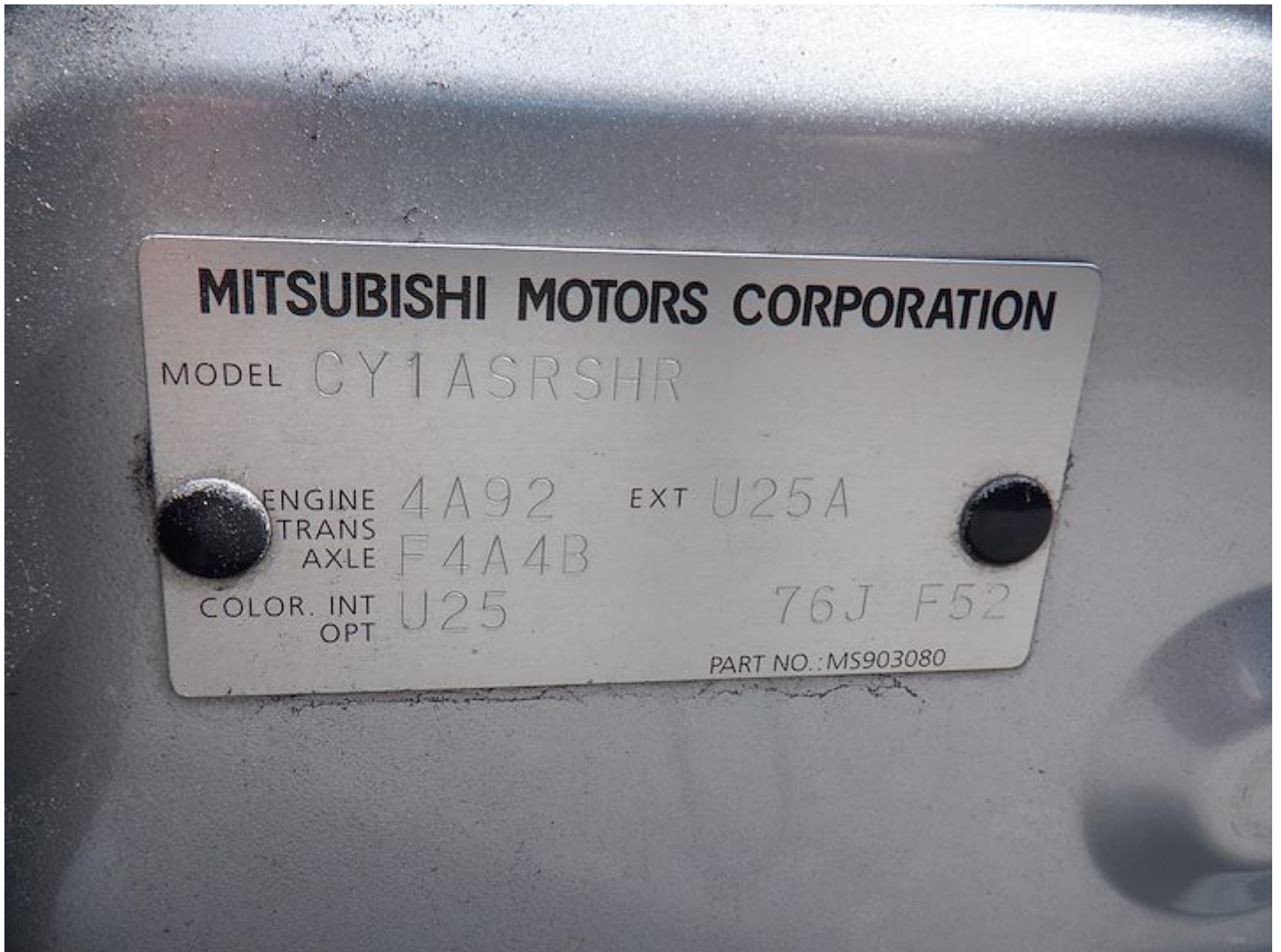














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1N24B9M002 Vehicle Registration No: SLR 3464M
Name (as shown in NRIC) : Toh Peng Yeow NRIC/FIN/Passport No : SC575011A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 405 B Fernvale Lane # 17-111 Singapore (790405)
Contact (Tel) : 67445445 Mobile No. : 97369891
Email Address : mrf1983@mrf.com.sg
Date of Accident : 8.11.24 Time of Accident : 17.04 hrs
Place of Accident : Eunos Ave 6
Insurance Company: Income Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the other Vehicle No. to SMM6890K

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944

(Claims Section)
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

6 
Policyholder / Driver's Signature

Date: 11.11.24