SN0724BB001K / Income Insurance Limited ENTRY DATE & TIME: 11/11/2024 18:36 (SGT) SUBMITTED BY: Muhammad Zaki Bin Supian VERSION: 1 (11/11/2024 18:36 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

11/11/2024 18:36 (SGT) Both Policyholder and Actual Driver 09/11/2024 12:30 (SGT) Jln Eunos, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJX8548P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

SYED MUHAMMAD NOH BIN SYED ABDUL AZIZ S9113135H SYEDMUHAMMADNOH@GMAIL.COM (Phone) +65-91019431

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model 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? Vehicle Category Transmission CC Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

Private use

Kia

Cerato

1600

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5118936310-03

DRIVER



Name of Driver SYED MUHAMMAD NOH BIN SYED ABDUL AZIZ NRIC No S9113135H Date Of Birth 21/04/1991 Occupation Indoor Driving Pass Date 21/10/2014 Driving License Pass Class Driving License Validity Valid Driving experience 10 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-91019431 Alt. Phone Number Email Address SYEDMUHAMMADNOH@GMAIL.COM Address 38 BEDOK SOUTH ROAD Address complement #06-669 Postcode 460038 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 2 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 WIFE 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 I WAS TRAVELLING ALONG MY LANE ON LANE 2. SUBSEQUENTLY VEHICLE B ON MY LEFT, LANE CROSSED INTO MY LANE WITHOUT DUE CARE AND COLLIDED INTO MY LEFT. ATTACHMENT(S)

Yes

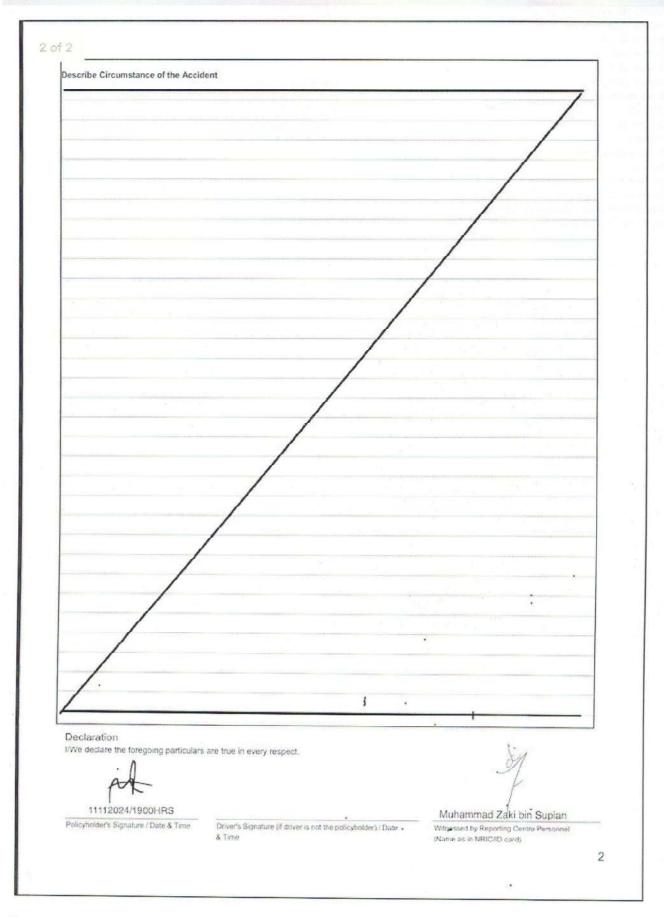
No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5114C
Vehicle Manufacturer	7.
Vehicle Model	•
Vehicle Variant	*
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	CHEONG HOI NEAN @ CHEONG LEAN HOI
NRIC No	S2713245F
Contact Number	(Phone) +65-92283116
Address	
Address complement	180
Postcode	
Insurance Company Name	일 ( d
Nature Of Damage	180
Details of property damaged in accident	(2)
No. Of Passenger (Including Driver)	



#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

#### 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.

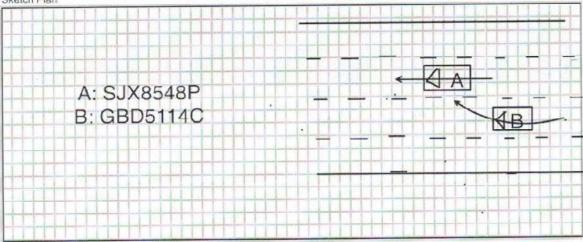
11112024/1900HRS
Policyholder's Signature / Date & Time

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

MUHAMMAD ZAKI BIN SUPIAN.

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

#### Sketch Plan



1