

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 | 04/12/2024 18:39 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 03/12/2024 19:00 (SGT) |
| Exact Location of Accident | Aljunied Rd, Singapore |
| Additional Location Information | ALJUNIED ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SDG552P |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | No |
| Name Of Registered Owner | GUR ROSHAN SINGH S/O GURCHARANJIT SINGH |
| NRIC No | TXXXX360A |
| Email Address | GURROSHANSINGH21@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97460748 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 3 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| 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 | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5141783365 |

DRIVER

| | |
|--|--------------------------------------|
| Name of Driver | LIVRAAJ SINGH S/O GURCHARANJIT SINGH |
| NRIC No | TXXXX152F |
| Date Of Birth | 09/08/2001 |
| Occupation | Indoor |
| Driving Pass Date | 12/11/2021 |
| Driving License Pass Class | 3A |
| Driving License Validity | Valid |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97370256 |
| Alt. Phone Number | - |
| Email Address | LIVRAAJ@GMAIL.COM |
| Address | 169 JALAN JURONG KECHIL #06-09 |
| Address complement | - |
| Postcode | 598669 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Sibling |
| 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 - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 | NIRAJ SINGH |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-------------|
| Name | ANEIL SINGH |
| Gender | Male |

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2125U
Vehicle Manufacturer Toyota
Vehicle Model Corolla
Vehicle Variant -
Vehicle Colour Bronze
Vehicle Category Taxi
Name of Driver CHUA TIAN LENG
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that :

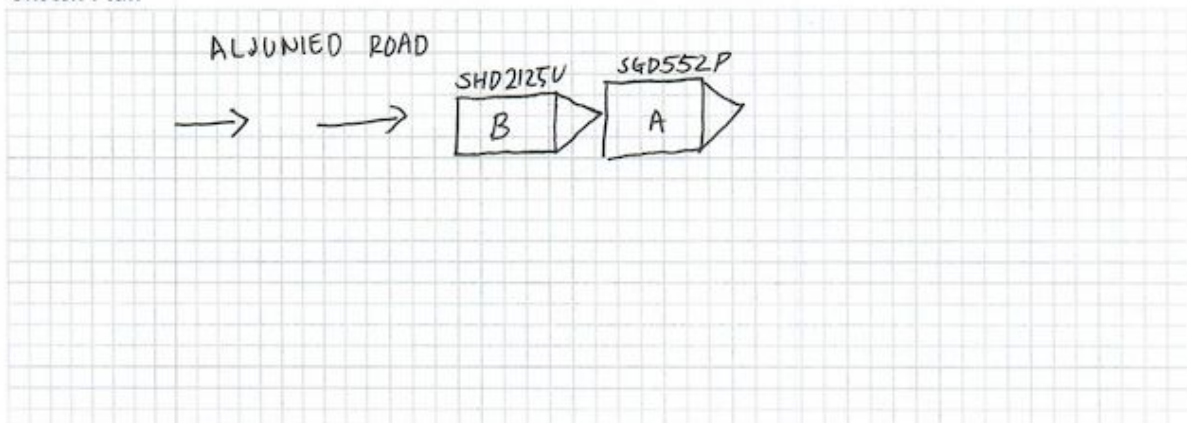
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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

Sketch Plan

Describe Circumstances of the Accident

I was driving home along Ajuunied Road, it was raining heavily so I started to slow down early as I was approaching a red light slightly further up the road when all of a sudden my car SGD552P was rear ended by a Prime Taxi SHD2125U. It is important to note that I did not break ^{the} brake all of a sudden.

Declaration

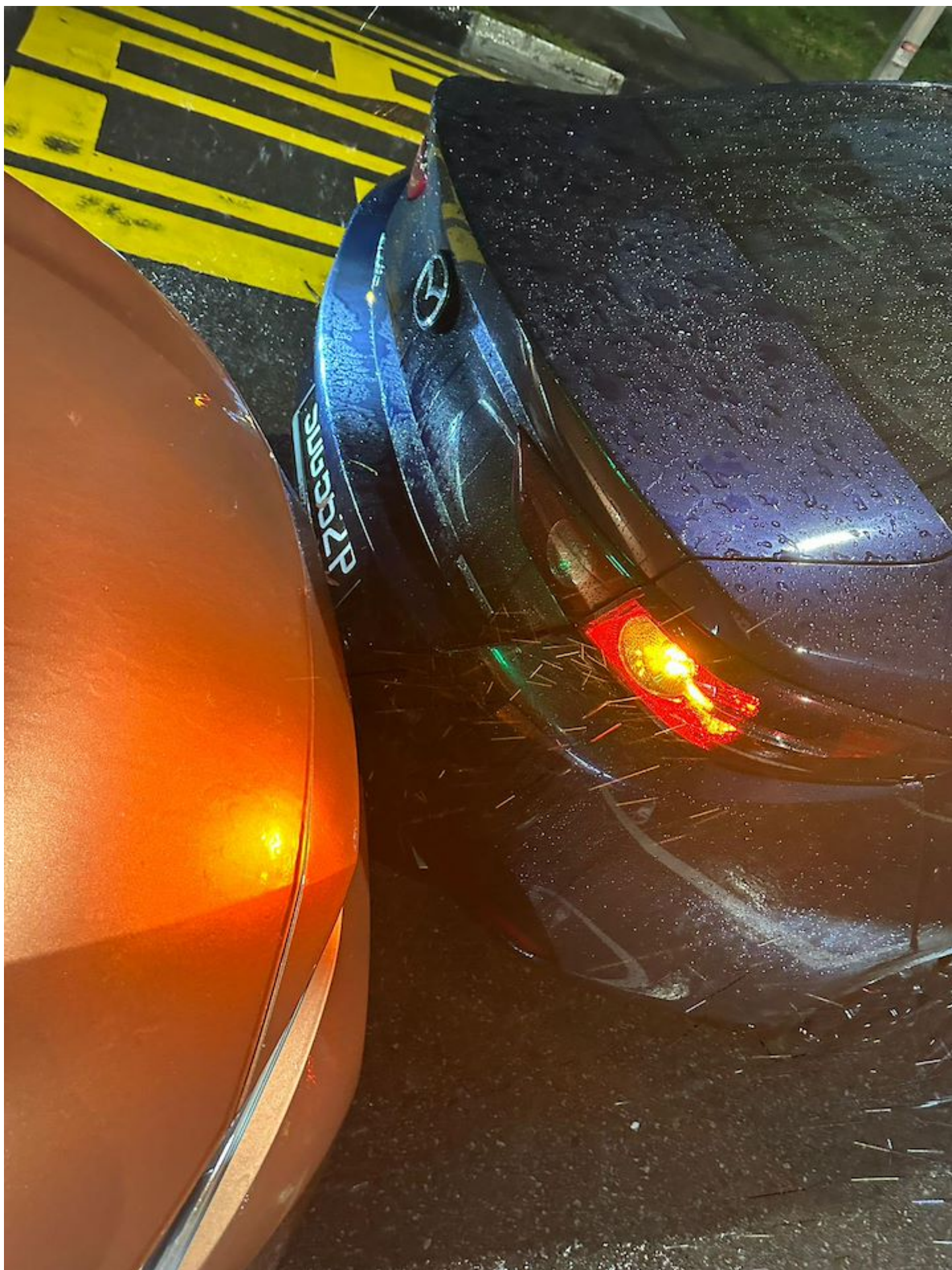
We declare the foregoing particulars are true in every respect.

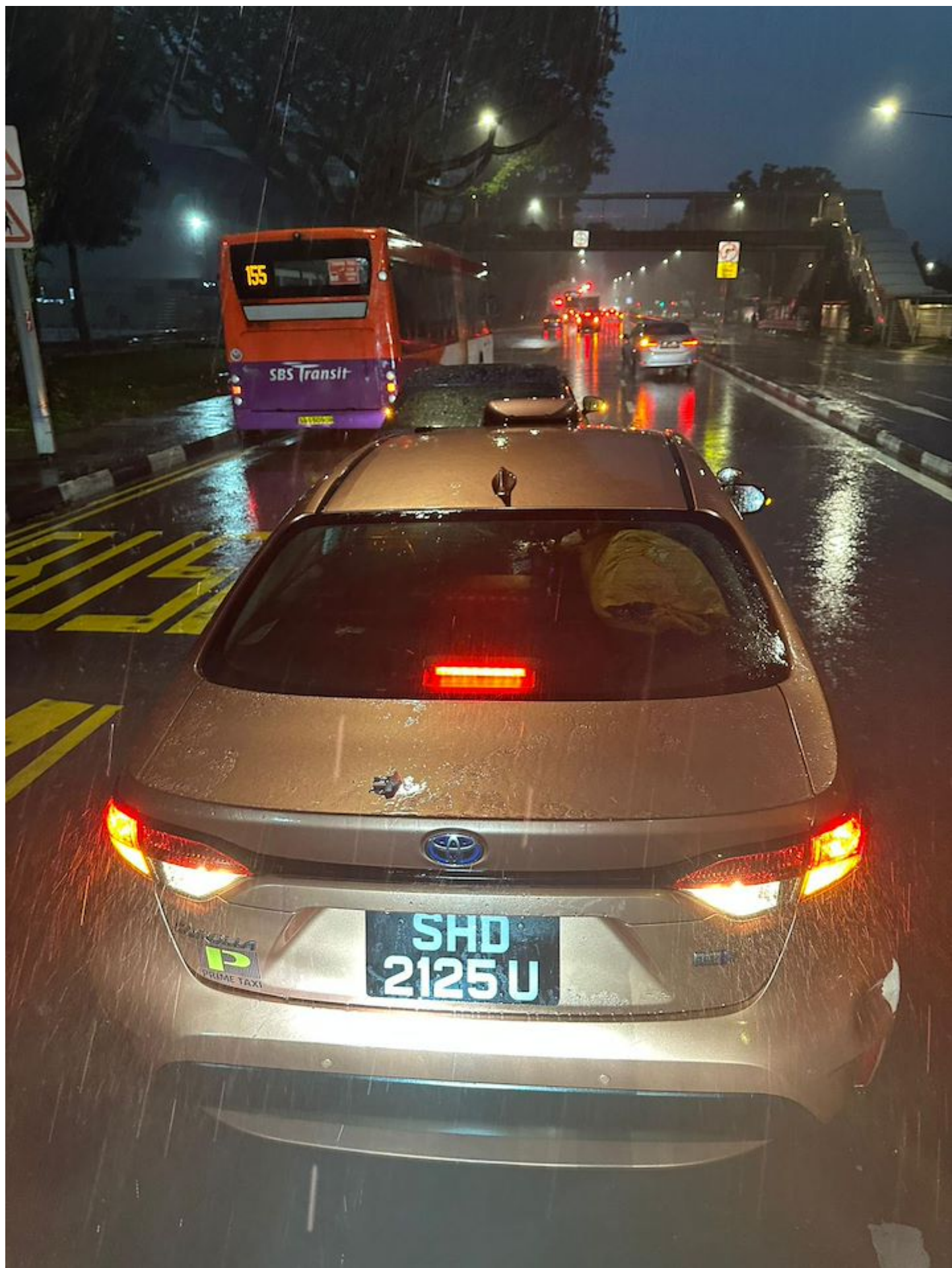
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

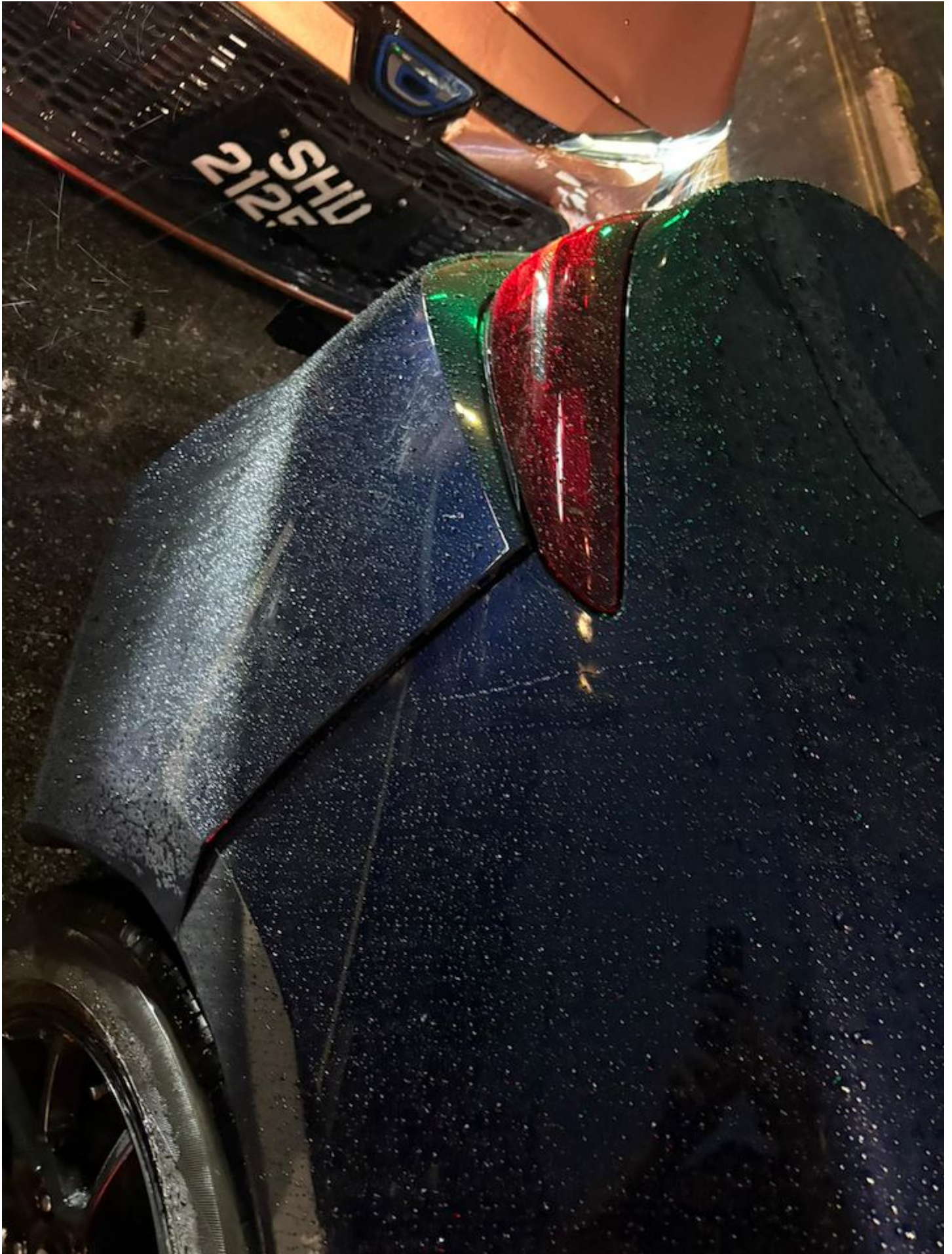




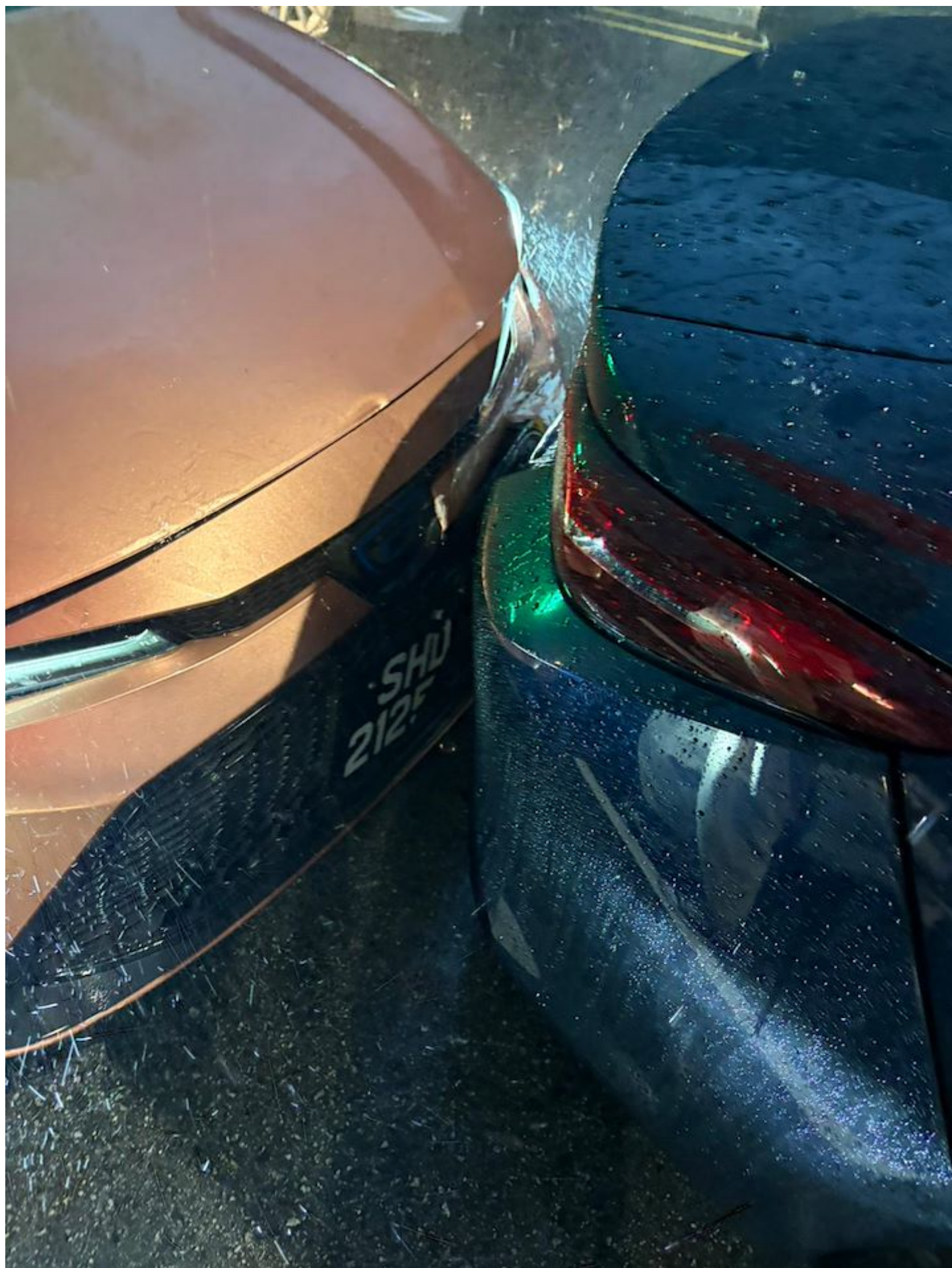


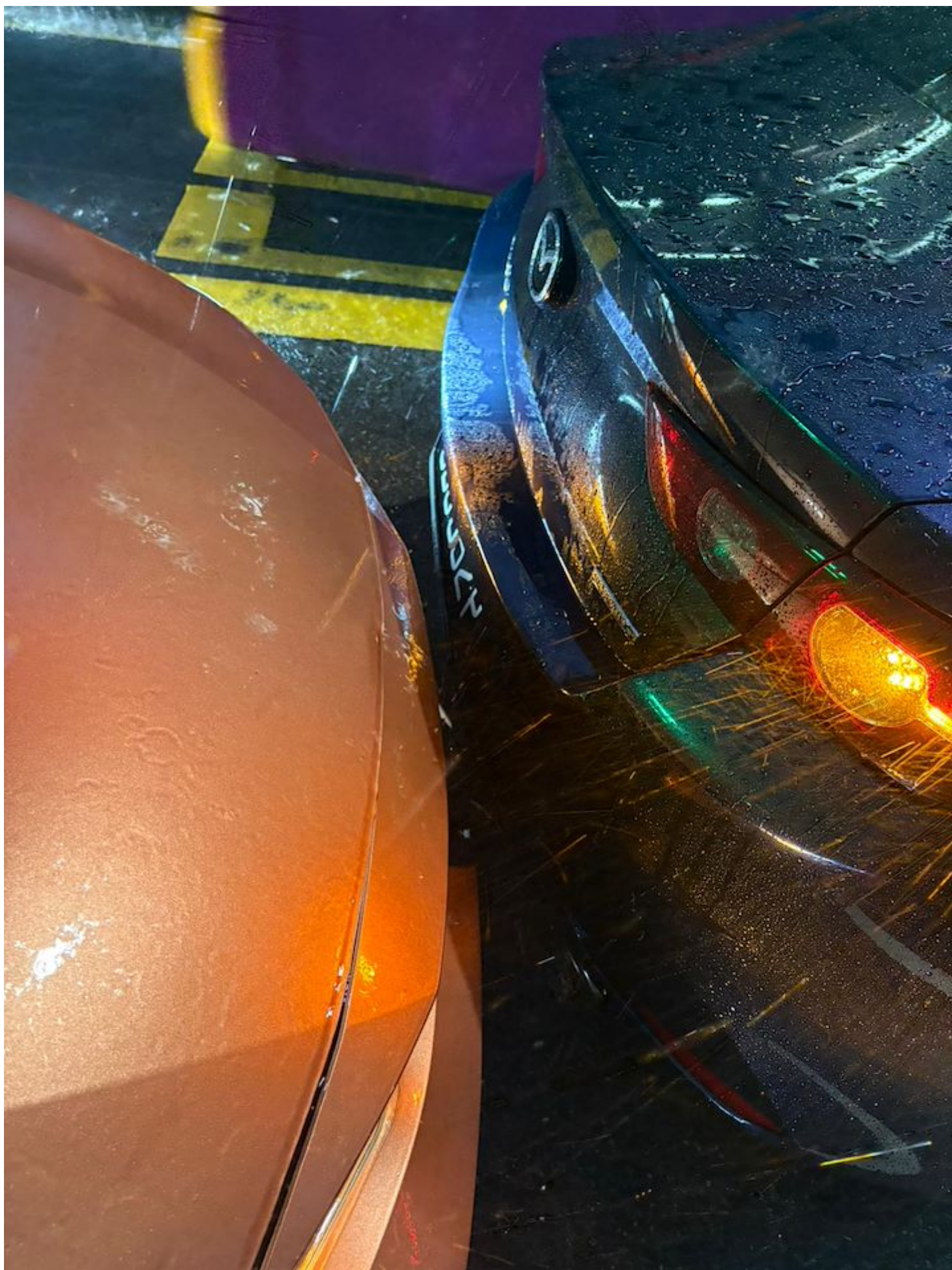


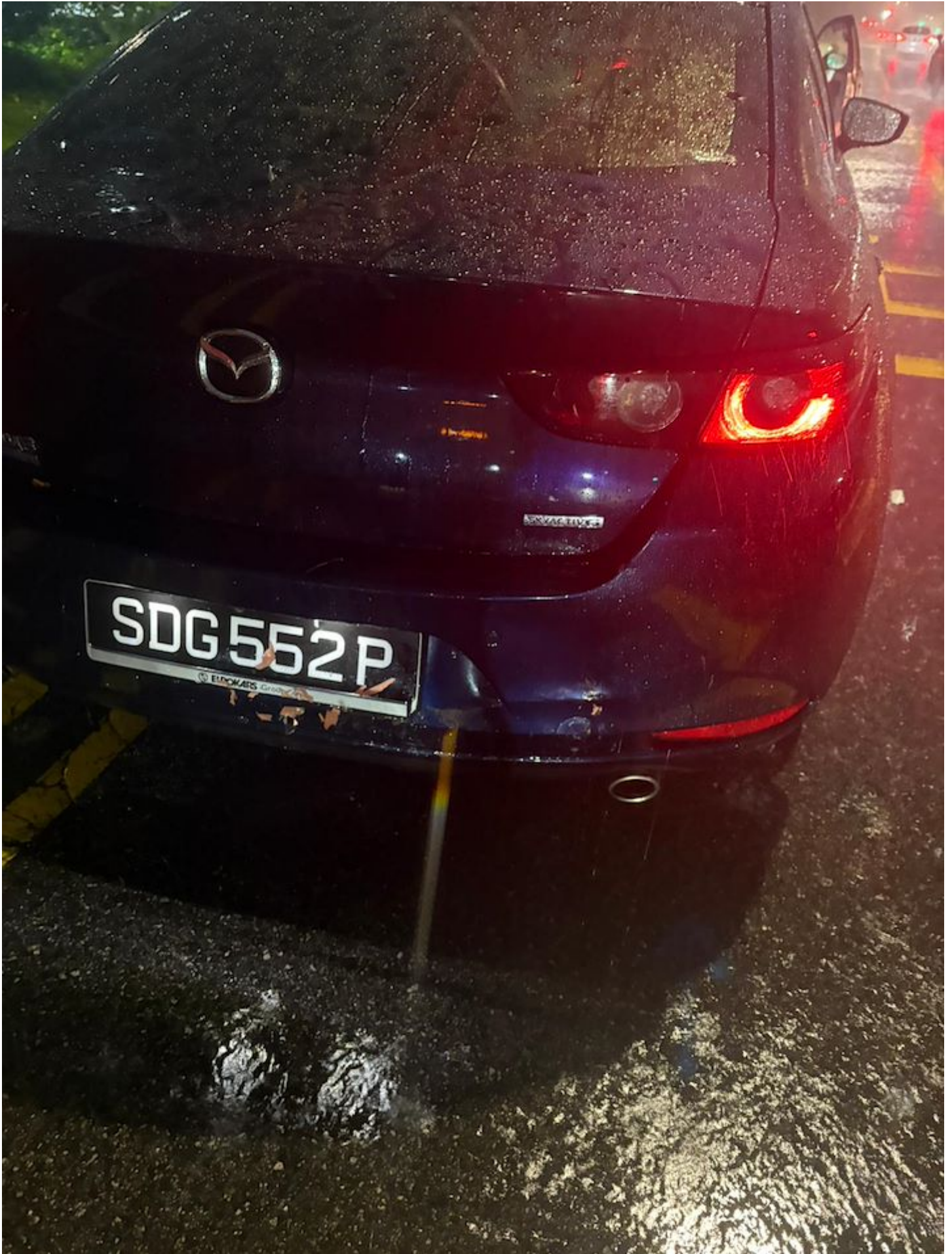
































































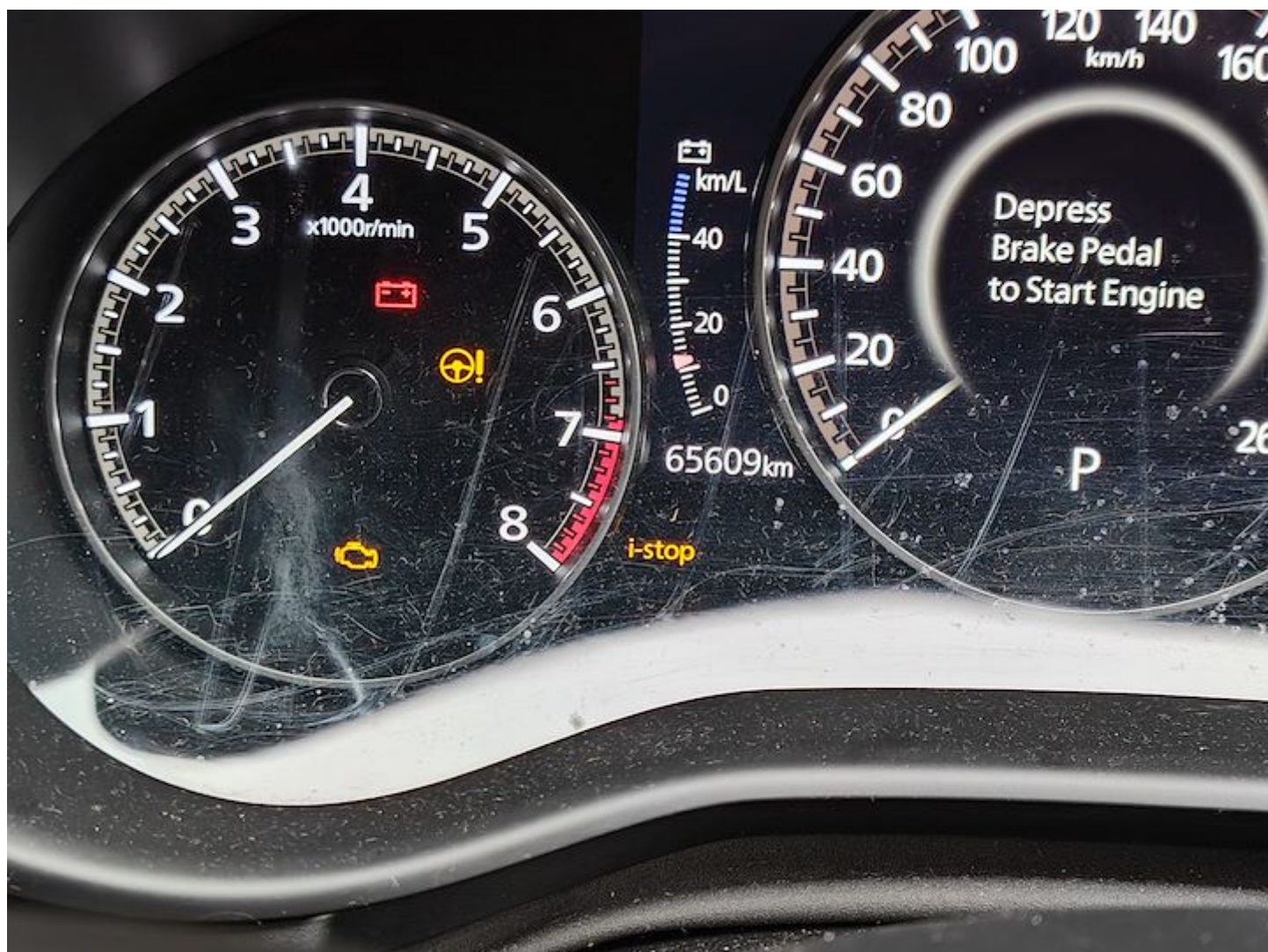
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SD0924C40001 Vehicle Registration No: SDG 552 P
 Name (as shown in NRIC): Livraj Singh s/o Gurcharanjit Singh NRIC/FIN/Passport No: 152 F
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9737 0256
 Email Address: _____
 Date of Accident: 03/12/2024 Time of Accident: _____
 Place of Accident: Aljunied Road
 Insurance Company: INCOME

(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 on vehicle registration number
Attached endorsement letter

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):

Date: 4/12/24

MT/AE/OLE/163

18 Sep 2024

GUR ROSHAN SINGH S/O GURCHARANJIT SINGH
17 JALAN RAJAWALI
#06-02 PATENT PLACE
SINGAPORE 598434

Dear Policyholder

ENDORSEMENT FOR POLICY NUMBER: 5141783365
VEHICLE NUMBER: SDG552P

Thank you for giving us the opportunity to serve you.

We confirm that from 22 Apr 2024, the following policy details are amended as follows:

PERIOD OF INSURANCE: 09 Dec 2023 TO 08 Dec 2024

VEHICLE REGISTRATION NUMBER: SDG552P

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any questions, please contact your intermediary, DICKSON INSURANCE BROKER PTE. LTD. at 63447667 or email insurance@dicksoninsurance.com.sg. Alternatively, send us your query via our online form at www.income.com.sg/enquiry and we will attend to it as soon as possible.

Yours sincerely



Eddie Loke
Senior Underwriting Manager
Motor Insurance

cc DICKSON INSURANCE BROKER PTE. LTD. (00000573832)

Income Insurance Limited | UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557 - Tel: 6788 1777 - Fax: 6338 1500 - Enquiries: income.com.sg/enquiry