SS3M246T0003 / SU Brothers Motor Workshop Pte Ltd ENTRY DATE & TIME: 29/06/2024 15:38 (SGT) SUBMITTED BY: SHANGKARI KUMAR VERSION: 1 (29/06/2024 15:38 (SGT))



#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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

29/06/2024 15:38 (SGT) **Actual Driver** 28/06/2024 09:40 (SGT) Singapore STEVEN ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBE5456K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes

TAC AIRCOND SERVICES 53230006L KANWAIKEONG@GMAIL.COM

(Phone) +65-85689880

VEHICLE PARTICULARS

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

Nissan Urvan

**Employment** 

No - Claiming third party Commercial vehicle Manual 3000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5142343409

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KAN WAI KEONG G2252760L 09/02/1994 Outdoor

**Driving Pass Date** Driving experience

Gender

Mobile Number

Alt. Phone Number

**Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Translator's name Translator's ID

Translator's phone number Translator's email

Original language used in the statement

**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

ON 28/6 ABOVE 9.40AM I WAS DRIVING MY VEHICLE GBE5456K ALONG STEVEN ROAD AT 2ND LANE. SUDDENLY VEHICLE YQ973G HIT AND MY VEHICLE REAR PORTION OF MY VEHICLE. I TRIED TO GET PARTICULAR OF VEHICLE B BUT THE DRIVER REFUSE TO GIVE. I AM LODGING THIS REPORT TO CLAIM AGAINST THE THIRD PARTY FOR PORPERTY DAMAGE CLAIM & INJURY CLAIM.

11/01/2024

5 MONTHS

(Phone) +65-85689880

635A PUNGGOL DRIVE

Collision - Head to Rear

KANWAIKEONG@GMAIL.COM

Male

#09-613

821635

**Employee** 

No

No

Clear

Dry

No

2

Yes

No

Yes

No

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Nο

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category YQ973G

Commercial vehicle

Name of Driver

Contact Number (Phone) +65-87991558

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

# **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person KAN WAI KEONG

Gender Male Phone No Address Address Complement

Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle? GBE5456K Were seat belts worn?

Yes Was this injured conveyed to hospital by ambulance? No

### SKETCH PLAN

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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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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 afgresaid.
- 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 (all insurers) 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 taw in administering, processing, handling and/or dealing with my claims.(collectively the "Purposos")
- (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.

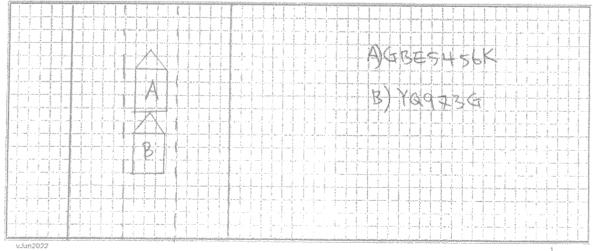


Policyholder's Signature / Date & Time

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

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

### Sketch Plan



Accident report SS3M246T0003

Describe Circumstance of the Accident
On 28/6 above 9-40am I was driving My vehicle GOES456k along steven Road at I fee 2nd lane - Suddenly Vehicle Ya 9736  Hit and my vehicle tear portion of my vehicle i the tried to get particular of vehicle B but the driver voluse to give - I am lodging this report to claim against the third party for property dapage claim 8  Injury daim

Declaration

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



vJun2022