SN07246T000E / Income Insurance Limited ENTRY DATE & TIME: 29/06/2024 15:34 (SGT) SUBMITTED BY: Muhammad Danish VERSION: 1 (29/06/2024 15:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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 29/06/2024 15:34 (SGT)

Reported by Actual Driver

Date of Accident 28/06/2024 17:06 (SGT)

Exact Location of Accident Singapore

Additional Location Information **KOVAN ROAD**

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No

No - Claiming third party

Vehicle Registration Number SJT257C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner FOO MENG LEE NRIC No S0212615Z

Email Address DRFOOLILIAN@GMAIL.COM Mobile Phone No.

(Phone) +65-91119288 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla

Variant **ALTIS**

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?

Vehicle Category Private car Transmission Auto

CC 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited

5123391225-02 Policy Number / Cover Note Number

DRIVER

Name of Driver **FOO LI LIAN** NRIC No S8520858F Date Of Birth 28/06/1985

Occupation Indoor Driving Pass Date 22/02/2006

Driving experience 18 YEARS AND 4 MONTHS

Gender Female

Mobile Number (Phone) +65-96572880

Alt. Phone Number

Email Address DRFOOLILIAN@GMAIL.COM
Address 244 UPPER PAYA LEBAR ROAD

Address complement PAYA LEBAR GARDENS

Postcode 534897 Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured Spouse

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company 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 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?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes

Number of Passengers (Including Driver)

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 28/06/2024 AT AROUND 1705 HRS, I WAS DRIVING ALONG KOVAN ROAD AND WAS BEHIND ANOTHER CAR. THE FRONT CAR SUDDENLY STOPPED AND REVERSED INTO MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident

ADV TO SUBMIT VIDEO VIA EMAIL AT MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SJP4254E

Toyota

Premio

-

Vehicle Category Private car

Accident report SN07246T000E

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No. Of Passenger (I	Including Driver)
Details of property of	au nafau ur mar
Nature Of Damage	flebiose ni hanemet
Insurance Company	
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Contact Number	
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SKETCH PLAN

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- By the todgement 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

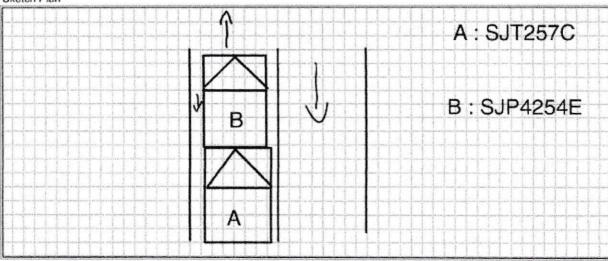
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their (awyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

29/06/2024 1525HRS MUHAMMAD DANISH FAWZY BIN KAMALUDDIN HUSSAN S997039

Policyholder's Signature / Date & Time Driver's Signature (fildriver is not the policyholder) / Date & Time

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

Sketch Plan



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