SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. 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

01/07/2024 18:02 (SGT) **Actual Driver** 29/06/2024 17:00 (SGT)

Singapore BEACH ROAD TURNING TO ARAB STREET

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH5609X

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Yes **ASK 90** 53251816X

Toyota

Hiace

Employment

Manual

0

PHBMS@YAHOO,COM (Phone) +65-93299073

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

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5136964250

No - Claiming third party

Commercial vehicle

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ABU SALEH BIN KRAJI S1533834B 07/02/1962 Outdoor

Accident tenest EVACATTACON



Face Let 19

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

PASSENGER 1

Name

Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name

Gender

PASSENGER 4

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

30/09/2011

12 YEARS AND 9 MONTHS

Male

(Phone) +65-93299073

PHBMS@YAHOO.COM

APT BLK 701 BEDOK RESERVOIR ROAD #03-3560

470701

No

Employee

No

Side Swipe Clear Dry

No

Yes No

Yes 5

No

UNKNOWN

Male

UNKNOWN

Male

UNKNOWN

Female

UNKNOWN

Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

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CS CamScanner

REFER TO ATTACHED

ATTACHMENT(S)

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

Yeş No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

Address

Address complement

Postcode |

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SLK6526K

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Private hire

-

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INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

ABU SALEH BIN KRAJI

Male

(Phone) +65-93299073

APT BLK 701 BEDOK RESERVOIR ROAD #03-3560

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470701

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GBH5609X

Yes

No

CS CamScanner

SKETCHPLAN

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

I understand, acknowledge, agree and consent that:

(a) thy insurer, my wereshop and the General insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose and/or process my personal catalpersonal information set out in this (form) and any other personal information provided by rise or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to of 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 "Insurer's"), the (insurer's lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/cotherity (such as the police), for the purpose(s) of

(i) processing, handling and/or dealing with my claims including the seltlement of the claims and any necessary investigations relating to the deams;

(f) investigating the accident and/or my dams;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by met

(iv) administering my district (including the mailing of correspondence, statements, invalues, reports at notices to me, which could involve displayers of certain personal data about me to bring about delivery of the same as well as on the external cover of anyelepsekmail packages); another

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) at insurer(s) who have insured vehicle(s) implied in this accident and the fraurers' innyers/law firms, may/are permited to collect, use, divides a noter process my Personal Information for one or more of the above Purposes; and

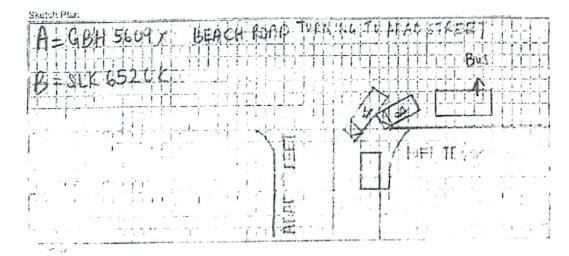
(c) my Personal Intergration mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (another by the forms), which may be sited outside of Singapore, for one or more of the above Purposes.

Folloyhaider's Signature / Date & Time

Actual Driver's Signature (4 driver is not the per syholder) / Oate & Time

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



Paradort

Refer to the police report No. 1/202407611 7104
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