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 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 19/07/2024 13:03 (SGT) Reported by **Actual Driver** Date of Accident 18/07/2024 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information **HOUGANG AVENUE 3** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK178P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TIEW PENG RED & WHITE SERVICES Company Reg No 39597100D **Email Address** CAIUS_ANG@HOTMAIL.COM Mobile Phone No (Phone) +65-97309309 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Commercial vehicle Transmission Auto CC 1100

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5114273090-04

DRIVER

Name of Driver OW YONG POH CHOO NRIC No. S0447877J Date Of Birth 31/03/1949 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	05/02/1985 39 YEARS AND 5 MONTHS Female (Phone) +65-97309309 - CAIUS_ANG@HOTMAIL.COM 206 ONAN ROAD - 424589 No Employee No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry	
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	No 4 No - Yes 2 No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
I WAS STOPPED ALONG HOUGANG AVENUE 3 DUE TO THE TRAFFIC LIGHT. SUDDENLY, I FELT AN IMPACT FROM THE REAR. I CHECK AND SAW THAT SNH5671Y HAS COLLIDED INTO THE REAR OF MY VEHICLE. WHEN I ALIGHTED, I SAW A TOTAL OF 4 VEHICLES INVOLVED. WE ALL TOOK PHOTOS AND EXCHANGE PARTICULARS. NO INJURIES REPORTED.		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes SUBMITTED TO WORKSHOP	

SKH56S

Accident report SN07247J0004

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG RIE KIAT
NRIC No	S7919626F
Contact Number	(Phone) +65-94522622
Address	=
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH5671Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH HAN CHIAU
NRIC No	S8858425B
Contact Number	(Phone) +65-86135886
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNA4195Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SENGALINGAM MARICHAAN @ MUHAMMAD ADAM
NRIC No	S7923371D
Contact Number	(Phone) +65-94249544
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 (GtA) 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' 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
- (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.

Policyholder's Signature / Date & Time

Drive Signature (if driver is not the policyholder) / Date

19/07/2024 1300HRS

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Tan Jie Xiong, Shaun

S996707



