

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 Authorised 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 Submission 09/05/2022 11:41 (SGT)
Date of Accident 07/05/2022 08:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 12 TWDS SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD2759L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA FABRICATION PTE LTD
Company Reg No 201601745H
Email Address candykong@asiafab.com.sg
Mobile Phone No (Phone) +65-94247430
Alternative Phone No +65-94247430

VEHICLE PARTICULARS

Manufacturer Toyota
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 Manual
CC 2500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123048201
Cover Note Number -

DRIVER

Name of Driver SOE MIN HTIKE
Passport No/FIN G5168395T

Date Of Birth	01/02/1987
Occupation	Outdoor
Date Of Driving Pass	10/02/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94247430
Alt. Phone Number	-
Email Address	candykong@asiafab.com.sg
Address	BLK 275 TAMPINES STREET 22 #11-78
Address complement	-
Postcode	520275
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KYAL LIN
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

ON 7.5.2022 AT ABOUT 0820HRS. I WAS TRAVELLING STRAIGHT ON THE SECOND LANE WHEN THE TRAFFIC LIGHT TURN AMBER. I SLOWLY & MAKE A STOP. WHILE STATIONARY, SUDDENLY I FELT AN IMPACT. VEHICLE B GBB 6155 L HIT ONTO MY VAN REAR PORTION. DUE TO THE IMPACT, MY VAN SURGED FORWARD.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6155L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHOO LIM SIONG
Contact Number	(Phone) +65-93843039
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	KYAL LIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD2759L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

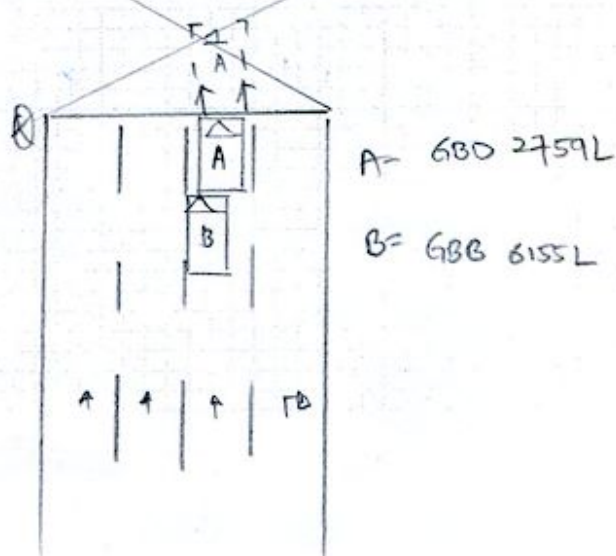
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 7.5.2022 at about 0830 HRS. I was traveling straight on the second lane when the traffic light turn amber. I slowly made a stop. while stationary, suddenly I felt an impact. vehicle B 065 6152L hit onto my van rear portion. Due to the impact, my van surged forward.

Please Tick :

- ☐ Claim OD/TP at Su Brothers
- ☒ Claim OD/TP at Other Workshop
- ☐ Reporting Only

Declaration

Name of W/shop
Email Address

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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: SS1Q22590001 Vehicle Registration No: GBD 2759L
 Name (as shown in NRIC): Soe Min Hlike NRIC/FIN/Passport No: G5168395T
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 31 Woodlands Cl # 07-13 Singapore (☒)
 Contact (Tel): 62556477 Mobile No.: 94247430
 Email Address: baungbaung6@gmail.com, (candykong@asiafab.com.sg)
 Date of Accident: 7/15/2022 Time of Accident: 08:20
 Place of Accident: Woodlands Avenue 12 toward SIE
 Insurance Company: NTUC

(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:

Third party vehicle number should be GBG 6155L
Instead of GBB 6155L

Policyholder / Driver's Signature
 Date:



20/6/2022

Reporting Cent
 Name:
 NRIC/FIN No.:
 Date:



Signature

20/6/2022