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.

- 4. The issue and acceptance of this is form by instrained 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 03/10/2022 08:20 (SGT) Reported by Date of Accident 02/10/2022 19:00 (SGT) Exact Location of Accident Singapore Additional Location Information KJE (BKE) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMF4356L INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **GUO FUXIA** NRIC No S8678183B Email Address FUXIAGUO86@GMAIL.COM Mobile Phone No (Phone) +65-97730214 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mitsubishi Model Attrage Variant 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1200 **INSURANCE COMPANY** Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129159838

YUAN ZHONGHUI

S8685367A

01/04/1986

Indoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass 24/06/2016 Driving experience 6 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93809853 Alt. Phone Number Email Address ZYUAN@SLB.COM Address BLK 720 #08-92 JURONG WEST AVENUE 5 Address complement Postcode 640720 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name ZHANG GUO DONG Gender PASSENGER 2 Name LIU NA Gender Female PASSENGER 3 Name ZHANG WAN RU Gender Female PASSENGER 4 Name ZHANG ZI YANG 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

I WAS DRIVING STRAIGHT ON LANE 3. AS THE TRAFFIC FLOW WAS CONGESTED, I WAS THEN SLOWING DOWN MY SPEED. SUDDENLY, I FELT THAT THERE WAS AN IMPACT FROM BEHIND AND VEHICLE B COLLIDED ONTO REAR RIGHT OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident ADVISED THE DRIVER TO SEND TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP7340S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver MURUGESAN KUMARAVEL Passport No/FIN G8695698K Contact Number (Phone) +65-87758932 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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 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 lawyers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

03/10/2022 08:30

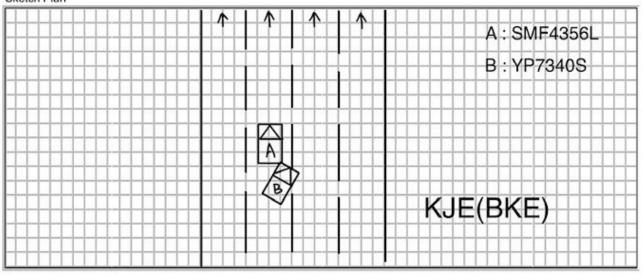
Lim Kai Chuan

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

escribe Circumstance of the Accident				
Refer to GEARS				
Declaration I/We declare the foregoing particulars are	true in every respect.		24	w.
	13	03/10/2022 08:30		LIM KAI CHUAN
	Driver's Signature (if driver is no	ot the policyholder) / Date	Witnessed by Reporting O	









