

## 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 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 .....	11/10/2022 13:02 (SGT)
Reported by .....	Both
Date of Accident .....	10/10/2022 12:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR PANJANG WHOLESALE CENTRE NEAR BLK 8 & 9
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP8389X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JIANFA ENTERPRISE
Company Reg No .....	53127737B
Email Address .....	juaykeow@gmail.com
Mobile Phone No .....	(Phone) +65-84542817
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	NPR85UH5A 3.0 MT
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 .....	2999

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5118700329-02

#### DRIVER

Name of Driver .....	SOH KIAN HUAT
NRIC No .....	S1551618F
Date Of Birth .....	26/11/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	24/04/1980
Driving experience .....	42 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84542817
Alt. Phone Number .....	-
Email Address .....	juaykeow@gmail.com
Address .....	22 JALAN SIAP
Address complement .....	-
Postcode .....	678557
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Collided into Parked Vehicle
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

MY LORRY WAS PARKED STATIONARY BETWEEN BLK 8 & BLK 9, WITH THE DRIVER DOOR SLIGHTLY OPENED. LATER I WAS BEING TOLD MY LORRY WAS HIT BY VEH B.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE9410R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

**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.

**Jianfa Enterprise**  
Reg No. 53127737B  
22 Jalan Siap Fuyong Estate  
Singapore 678557

*[Signature]*

*[Signature]*

Soh Wah Jin



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

Sketch Plan area with grid lines and handwritten notes:

- Top left: BIK 8
- Top right: BIK 9
- Center: Two hand-drawn diagrams of vehicles, one labeled '9' and one labeled 'U'.
- Right side: "Pasar Panjang Wholesale Centre"
- Bottom right: "DOA: 10/10/22"
- Bottom right: "A: YP 8389X"
- Bottom right: "B: GBE 9410R"

**Describe Circumstance of the Accident**

My lorry was parked stationary between B11c 8 & B11c 9,  
 with the driver door slightly opened. Later I was being  
 told my lorry was hit by van B.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

**Jianfa Lim**  
 Reg No. 53  
 22 Jalan Siap F  
 Singapore

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date  
 & Time 11/10/22

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



Soh Wah Jin









































**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: SJ0E22AB0002 Vehicle Registration No: YP8389X  
 Name (as shown in NRIC): Soh Kian Huat NRIC/FIN/Passport No: S1551618F  
 (\*Vehicle Driver/~~Vehicle Owner~~) (\*) Please delete as appropriate  
 Address: 22 Jalan Siap Singapore (678557)  
 Contact (Tel): 84542817 Mobile No.: \_\_\_\_\_  
 Email Address: juaykeow@gmail.com  
 Date of Accident: 10/10/2022 Time of Accident: 12:30 hr  
 Place of Accident: Pasir Panjang Wholesale Centre Near Blk 8 & Blk 9  
 Insurance Company: Income Insurance Limited

**(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:

The other party's vehicle number should be GBE9410R.

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:



*Fong*

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 Reporting Centre Personnel's Signature  
 Name: Foong Sau Wah  
 NRIC/FIN No.: SXXXXX204I  
 Date: 11/10/2022