

Your NCD will be affected due to late reporting



SINGAPORE ACCIDENT STATEMENT

For Sheng Li
hai Workshop.

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 willful policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GSA Records Management Centre established by I 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

ACCIDENT STATEMENT

Date of Submission	18/10/2022 10:54 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 10 TOWARDS PASIR RIS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3091L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SILVERAY PTE LTD
Company Reg No	200912069R
Email Address	ei@silveray.com.sg
Mobile Phone No	(Phone) +65-93845566
Alternative Phone No	-

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	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113004724-03

DRIVER

Name of Driver	LEE BUCK LANG
NRIC No	S1550322Z
Date Of Birth	26/07/1962
Occupation	Outdoor

04/04/2004
18 YEARS AND 6 MONTHS
Female
(Phone) +65-93845566

el@silveray.com.sg
BLK 545 ANG MO KIO AVE 10 #14-226

560545
No
Employee
No

Date Of Driving Pass
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
Chain Collision
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 3
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) 2
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 -

PASSENGER 1

Name
Gender
PASSENGER
Female

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

REFER TO SKETCH PLAN

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 GBH2104E
Vehicle Manufacturer Citroen
Vehicle Model Berlingo
Vehicle Variant -

Colour	-
Category of Driver	Commercial vehicle
Contact Number	TAN SENG HUAT
Address	(Phone) +65-91176755
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMZ4762S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	BRUCE LIM KIM HUAT
NRIC No	S7210212F
Contact Number	(Phone) +65-98627718
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

UICOME MOTOR SERVICE CENTRE

Report No. MT/

D.O.A. 16/10/2022
Time 14:20 hrs

Report Date & Start Time

16/10/2022

Vehicle No. PC3091L

Reporting Type

IMPORTANT NOTICE

SKETCH PLAN

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 revoke 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 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 (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.
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 be 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 be 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 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.



Policy No. 10:22 10:43

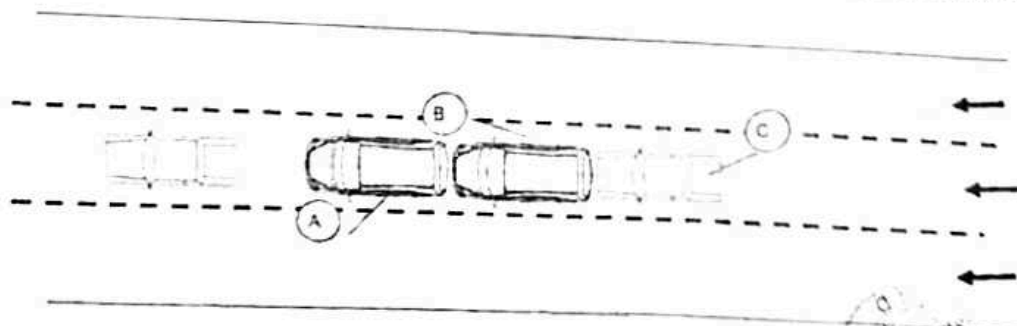
Sketch Plan

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

16/10/22 10:43

Chen Jun Liang

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



TAMPINES AVE 10

Vehicle A: PC3091L

Vehicle B: GBH2104E

Vehicle C: SM24762S

Describe Circumstances of the Accident


MY VEHICLE WAS TRAVELLING ON THE CENTRE LANE OF TAMPINE AVE 10 TOWARDS PASIR RIS. THERE WAS ONE UNKNOWN VEHICLE IN FRONT OF ME. I BRAKED ON TIME. VEHICLE B ALSO BRAKED ON TIME BUT VEHICLE C COULD NOT STOP ON TIME AND HIT ONTO VEHICLE B. THUS HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

Declaration

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


18/10/22
PTE LTD SILVER
1800 1000 1000
18/10/22

Policyholder's Signature / Date & Time


18/10/22 10:43
Driver's Signature (If driver is not the policyholder) / Date & Time

Chen Jun Liang

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

IMAGES

