

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	25/10/2022 16:44 (SGT)
Reported by	Driver
Date of Accident	14/10/2022 10:35 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7276M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SOLUPEX PTE LTD
Company Reg No	2XXXXX657R
Email Address	andreahoi@sfleasing.com.sg
Mobile Phone No	(Phone) +65-97668811
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	2754

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127298127

DRIVER

Name of Driver	THANABALAN S/O SHANMUGAM
NRIC No	SXXXXX918B
Date Of Birth	23/05/1961
Occupation	Outdoor

Date Of Driving Pass	14/01/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82398608
Alt. Phone Number	-
Email Address	THANABALANSTAVE@GMAIL.COM
Address	BLK 86 WHAMPAO DRIVE
Address complement	#16-929
Postcode	320086
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	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)	1
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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SMV1069B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

IMPORTANT NOTICE

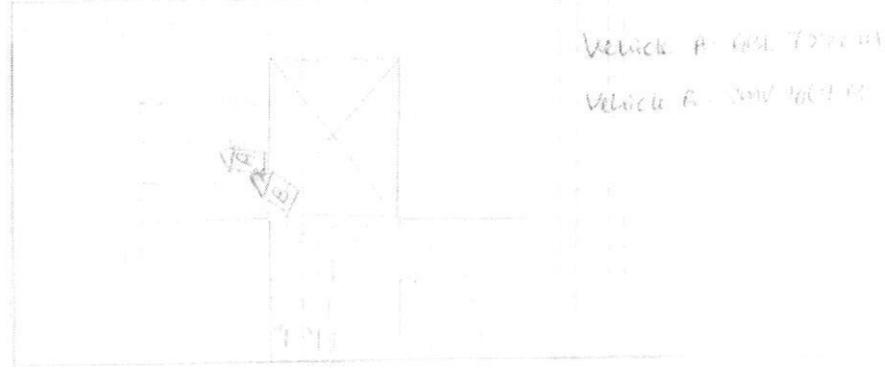
1. Please report a road traffic accident to police as soon as possible.
2. This Report will be prepared by me for you to be signed by you.
3. Details provided must be truthful and available as possible. It is your responsibility to give correct information. If you give incorrect information, you may be liable.
4. The use and distribution of this Form by insurance companies is not a warranty of policy taking on the part of the insurer.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer to the GIC Records Management Unit as established by the General Insurance Act 1962 (Singapore) for archiving. The cost of this report will be borne by the insured upon application by a claimant.
7. The subject of this report to be insured with the GIC member of the Singapore Report at the time of the accident.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I hereby acknowledge, agree and understand that:
 - (i) The insurer may work through the General Insurance Association of Singapore with any agency permitted to collect, store, process and use my personal data (personal information set out in the Form) and any other personal information provided by me or communicated by my insurer (collectively the "Personal Information") in its course and to administer Personal Information, of the person who have been or is/are involved in this accident (the insured or other involved persons) involved in this accident (collectively referred to as the "Insurers"), the Insurers, lawyers/law firms, the Ministry/Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigation 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 issuing of correspondence, documents, reports or notices, forms, which may include disclosure of certain personal data (such as being about delivery of the same as shown on the external cover of such personal packages); and/or
 - (v) any other purpose appropriate to or relating to processing, handling and/or dealing with my claims.
 - (b) I hereby the "Insurers"
 - (c) I authorise any person who have any claims involved in this accident and the Insurers, my lawyer/law firm, my insurer, my broker, any other person who have or is/are involved in this accident (collectively the "Personal Information") for use of the Personal Information, and
 - (d) any Personal Information may be received by any of the Insurers, my lawyer/law firm, my insurer, my broker, any other person who have or is/are involved in this accident (collectively the "Insurers") which may be used outside of Singapore, to the extent of the above Paragraphs.



[Signature]
 Insured's Designated person or authorised representative
 A. Tan

[Signature]
 Witnessed by Helping Insurer
 Name and MR/MS/Ms

Sketch Plan



Describe Circumstances of the Accident

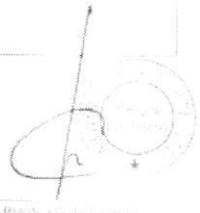
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Police to Police report
7/2022 1014/2029

Declaration
I/We declare that the information contained in this report is true in every respect



S. K. K. K.



Prepared by: S. K. K. K.

Checked by: S. K. K. K. (Signature)

Witnessed by: S. K. K. K. (Signature)