

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	17/11/2022 14:52 (SGT)
Reported by	Both
Date of Accident	16/11/2022 12:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS SLE (BEFORE JALAN BAHAGIA EXIT 7B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9261T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MUTIARA LIMOUSINE SERVICES
Company Reg No	5XXXX452D
Email Address	SIMONLAW76@GMAIL.COM
Mobile Phone No	(Phone) +65-98802737
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121571154-01

DRIVER

Name of Driver	HAJI ABDUL SAMAT BIN MOHAMAD
NRIC No	SXXXX506E
Date Of Birth	13/11/1955
Occupation	Outdoor

Date Of Driving Pass	03/11/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-98802737
Alt. Phone Number	-
Email Address	SIMONLAW76@GMAIL.COM
Address	BLK 233 SIMEI STREET 4
Address complement	#02-154
Postcode	520233
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Chain Collision
Weather Conditions	Clear
Road Surface	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)	4
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	MAY
Gender	Female

PASSENGER 2

Name	FRIEND
Gender	Female

PASSENGER 3

Name	FRIEND
Gender	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 ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1594K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP9722K
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/small 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.



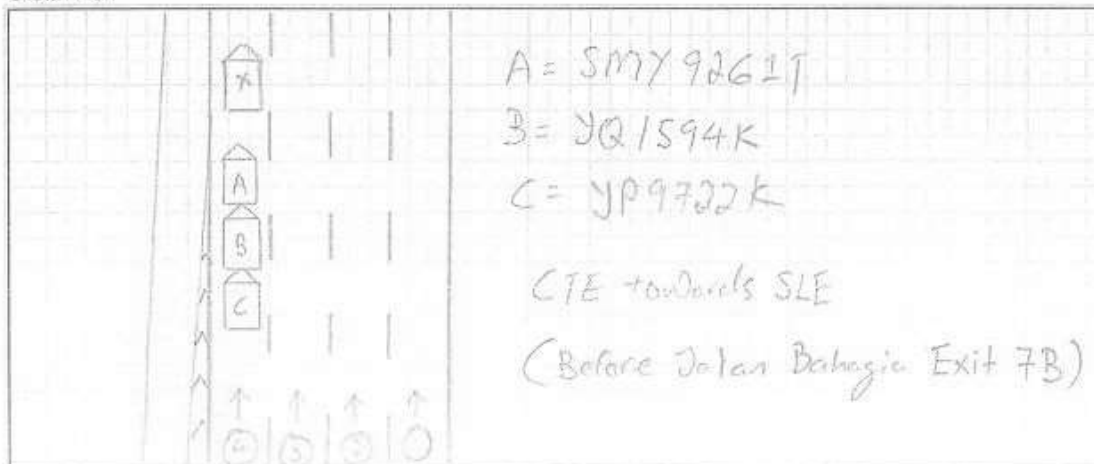
Policyholder's Signature / Date & Time

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

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



Sketch Plan



Describe Circumstance of the Accident

Refer to attached

Declaration

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Cerebral Personnel (Name as in LIC/GD card)

On 16.11.2022 at about 12:10 hours along CTE towards SLE (Before Jalan Bahagia Exit 7B), I was travelling straight on lane 4 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

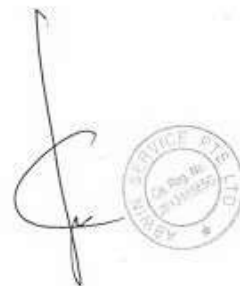
It was a chain collision of total of 3 vehicles involved.

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): SMY 9261T

Vehicle (B): YQ 1594K

Vehicle (C): YP 9722K

A handwritten signature in black ink is positioned above a circular stamp. The stamp contains the text "ASBURY SERVICE PTE LTD" around the perimeter and "SA 1822BH0002" in the center.A handwritten signature in black ink is positioned above a circular stamp. The stamp contains the text "ASBURY SERVICE PTE LTD" around the perimeter and "SA 1822BH0002" in the center.