

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	30/11/2022 16:26 (SGT)
Reported by	Driver
Date of Accident	30/11/2022 09:10 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore 680288
Additional Location Information	CHOA CHU KANG AVE 4 (BETWEEN OF BLK. 458 & 470)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1770D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALPHA FUMIGATION SERVICES PTE LTD
Company Reg No	2XXXXX862C
Email Address	ALPHAFSPL@GMAIL.COM
Mobile Phone No	(Phone) +65-98562733
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
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	5103631933-04

DRIVER

Name of Driver	NG RICHARD EDWARD
NRIC No	SXXXX690C
Date Of Birth	08/03/1971
Occupation	Outdoor

Date Of Driving Pass	29/08/2000
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98562733
Alt. Phone Number	-
Email Address	ALPHAFSPL@GMAIL.COM
Address	BLK. 540 ANG MO KIO AVE 10
Address complement	#06-2410
Postcode	560540
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 - Major/Minor Rd
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ON THE RIGHT LANE OF CHOA CHU KANG AVE 4. WHEN I CAME TO THE ROAD BETWEEN BLK. 458 & BLK. 470, VEHICLE B SUDDENLY CAME OUT OF THE SMALL ROAD OF BLK. 458 HDB AND HIT ONTO MY RIGHT FRONT PORTION OF MY VEHICLE.

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	GBF42Z
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Describe Circumstances of the Accident

I was driving straight on the right lane of Chua Chu Kang Ave 4. When I came to the road between blk 458 & blk 470, vehicle B suddenly came out of the small road of blk 458 HDB and hit onto my right front portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time
30/11/22
3.40 pm

Driver's Signature (if driver is not the policyholder) / Date & Time
30/11/22 3.40 pm



Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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/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.



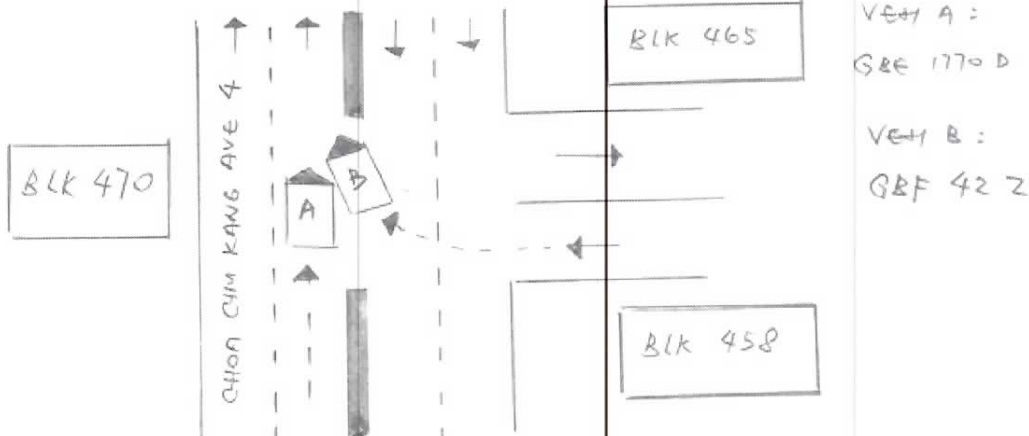
[Handwritten signature]



Policyholder's Signature / Date & Time
30/11/22
Sketch Plan *3.40pm*

Driver's Signature (if driver is not the policyholder) / Date & Time
30/11/22 3.40pm

Witnessed by Reporting Centre Personnel



Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

KASIRAJAN SELVARAJ
SXXXX132D
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