

## 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 .....	03/11/2022 18:38 (SGT)
Reported by .....	Driver
Date of Accident .....	02/11/2022 21:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	NEIL ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XE5968P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SEMBWASTE PTE LTD
Company Reg No .....	199507280G
Email Address .....	ENVIRONMENT_PR@SEMBCORP.COM
Mobile Phone No .....	(Phone) +65-82680661
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	ACROS
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 .....	12960

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5117487274-02

### DRIVER

Name of Driver .....	BALAN S/O RETHINASAMY
NRIC No .....	S2687764D
Date Of Birth .....	23/11/1957
Occupation .....	Outdoor

Date Of Driving Pass .....	30/11/1983
Driving experience .....	39 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91143103
Alt. Phone Number .....	-
Email Address .....	MOHAMED.RANI@SEMBCORP.COM
Address .....	BLK 710 #03-102 YISHUN AVENUE 5
Address complement .....	-
Postcode .....	760710
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 - Change/cross lane
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

ON THE 02112022 AT 2110HRS I WAS TRAVELLING ALONG NEIL ROAD DRIVING COMPANY VEHICLE XE5968P. THERE WERE 4 LANES, I WAS ON RIGHT MIDDLE LANE GOING STRAIGHT SLOWLY. A CAR ON MY LEFT CHANGED INTO MY LANE AND SIDE SWIPPED MY VEHICLE. THE CAR PLATE IS SLC8490H. NO ONE WAS INJURED. WE HAVE VIDEO FOOTAGE TO PROVE INCIDENT..

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	ADV SEMBWASTE MR CHUA TOI SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLC8490H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LIM FATT CHEONG
NRIC No .....	S7863309C
Contact Number .....	(Phone) +65-84980478
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

Date Of Driving Pass ..... 30/11/1983  
Driving experience ..... 39 YEARS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-91143103

SKETCH PLAN

Describe Circumstance of the Accident

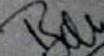
REFER TO GEARS FOR ACCIDENT STATEMENT.

Declaration

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

 3/11/22  
1845425

Policyholder's Signature / Date & Time



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

3/11/22  
1845425



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

Simon S  
5990918

SKETCH PLAN

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6. 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 information to all insurer(s) 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/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.

 3/11/22  
1845HRS

Policyholder's Signature / Date & Time

 3/11/22  
1845HRS

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

 Simon S  
S99096P

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

Sketch Plan

