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 witholding 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	22/12/2022 12:06 (SGT)
Reported by	Driver
Date of Accident	21/12/2022 18:25 (SGT)
Exact Location of Accident	Bishan Street 22, Singapore
Additional Location Information	TOWARDS MARYMOUNT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3429R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I. S. SYSTEM
Company Reg No	4XXXX600J
Email Address	prodn@issytem.com.sg
Mobile Phone No	(Phone) +65-82879384
Alternative Phone No	(Office) +65-64834468

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122357523-01

DRIVER

Name of Driver	AZMAN BIN MANSOR
NRIC No	SXXXX977I
Date Of Birth	16/05/1965
Occupation	Outdoor

Date Of Driving Pass	08/05/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82879384
Alt. Phone Number	(Office) +65-64834468
Email Address	obeman2666@hotmail.com
Address	BLK 504 ANG MO KIO AVENUE 8 #02-2666
Address complement	-
Postcode	560504
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)	3
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	NAYRA ALEESYA
Gender	Female

PASSENGER 2

Name	MARSHEL HANANIA
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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK8337M
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN GEOK CHEONG
NRIC No	SXXXX269Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the disbursement.

2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**

3. Information provided must be as **truthful and accurate** as possible. Any misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**

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6. The 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 be made available upon application by interested parties.

7. By the lodgment 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) employee 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 vehicles involved in this accident (all insurers 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 (including 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, circulars, 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 from time to time 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 they 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 the GIA to insurers' claims service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;

   (d) my Personal Information will also be collected and used to compile against a share loss/no database of fraud detection, investigation and management at present and all future claims;

   (e) the information so collected under (d) above may be shared / disclosed

      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

      (ii) for complying with requirements under any regulations, laws or court orders.
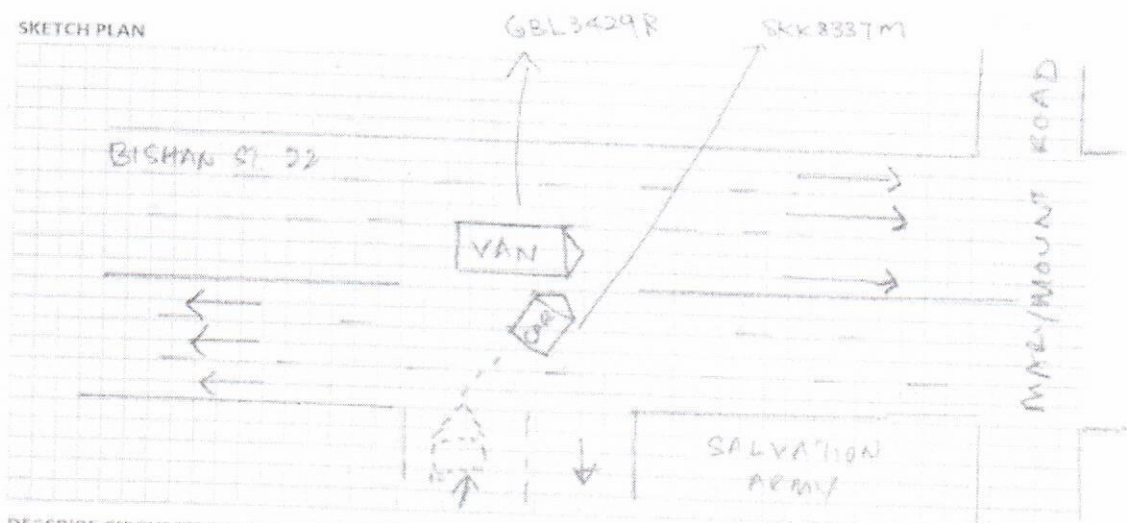
Policyholder's Signature
Date & Time

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

Authorised signatory's signature

Joelle Tan
AMK AUTO POINT PTE LTD
22.12.2021

SKETCH PLAN

GBL3429R   SKK8337M

BISHAN ST 22

VAN

CAR

MARYMOUNT ROAD

SALVATION ARMY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/12/22 AT 6.31 PM WHILE DRIVING ALONG BISHAN ST 22 TOWARD MARYMOUNT ROAD SUDDENLY A VEHICLE SKK8337M CAME IN FROM OPPOSITE CARPARK AND CROSS OVER TO MY LANE AND HIT ONTO MY RIGHT SIDE VAN.

DECLARATION

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

I.S. SYSTEM
Reg No:
45150600J

Policy Holder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
SRC Ref No: AMK AUTOPINT PTE LTD
22.12.2022

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