

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

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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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

30/12/2022 14:53 (SGT)

Driver

30/12/2022 05:35 (SGT)

Singapore

ALONG SIMS AVE TOWARDS PAYA LEBAR ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBM258G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

AS SECURITY SYSTEM PTE LTD

202032418N

ONGWEETECK@MYSELF.COM

(Phone) +65-98453222

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Toyota

Hiace

No - Claiming third party

Goods vehicle

Auto 2000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Great Eastern General Insurance Limited 2022-V5008431-VCV

DRIVER

Name of Driver Passport No/FIN

Date Of Birth Occupation

SHAGAR MOHAMMAD G8352092U

10/02/1987 Outdoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

Collision - Change/cross lane

Clear Dry

04/04/2017

Male

No

No

Employee

5 YEARS AND 8 MONTHS

ONGWEETECK@MYSELF.COM

2 LORONG 42 GEYLANG S398022

(Phone) +65-82981770

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SHD3176R

Taxi



Address	-
Address complement	-
Postcode	-
nsurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or wishholding 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. The 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General hisurance 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

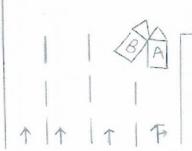
Sketch Plan

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

Witnessed by Reporting Centre Personnel

Sims Avenue towards Paya lebar Road

Lorong 39 Geylang



(A) GBM >586

(B) SHD3176R.



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Declaration

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



Policyholder's Signature / Date & Time

Driver's Signature

your own comprehensive policy. Please check your policy for more information.

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

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	418N
Vehicle Details	
Vehicle No.:	GBM258G
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.0 DX AUTO
Primary Colour:	Silver
Manufacturing Year:	2021
Engine No.:	1TR2405095
Chassis No.:	TRH2000350986
Maximum Power Output:	-
Open Market Value:	\$28,974.00
Original Registration Date:	27 Sep 2022
First Registration Date:	27 Sep 2022
Transfer Count:	0
Actual ARF Paid:	\$1,449.00
Intended PARF Repate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	ž
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$32,506.00
COE Rebate Amount:	\$31,566.00
Total Rebate Amount:	\$31,566.00

The information contained herein is correct as at 10 Jan 2023

New Cars

Used Cars

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AWARDED FOR BEST PREMIUM CONVERTIBLE OF THE YEAR



MINI Cooper S Convertible



hiace dx

Min Price v to No Max v

Depreciation >

Vehicle Type

Category

Search

Advanced Search

New Hiace Dx Cars for Sale (2 vehicles)

Car Model 🕏	Price 🕏	Dealer	Built in	User Rating (
oyota Hiace Standard Roof Diesel		Parallel Importers	Japan	本本本介介
3.0 DX Van [Euro VI] (A)	POA	* 10.4km/L 136bhp 4-speed (A)		2 User Reviews
2.8 DX Van [Euro VI] (A)	\$126,000	13km/L 149bhp 6-speed (A)		
2.8 DX Glass Door Van [Euro VI] (A)	\$131,000	· 13km/L 149bhp 6-speed (A)		
3.0 DX Van [Euro VI] (M)	\$132,000	* 10.7km/L 136bhp 5-speed (M)		
2.8 DX Bus [Euro VI] (A)	\$141,000	· 13km/L 149bhp 6-speed (A)		
oyota Hiace Standard Roof Petrol		Parallel Importers	Japan	***
2.0 DX Glass Door Van (A)	\$91,000	· 9km/L 134bhp 6-speed (A)		1 User Review
2.0 DX 5-Door Panel Van (A)	\$99,000	· 10.7km/L 134bhp 6-speed (A)		
Car Model 🕏	Price 🕏	Dealer	Built in	User Rating

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