SN0722CK000J / Income Insurance Limited
ENTRY DATE & TIME: 20/12/2022 11:29 (SGT)
SUBMITTED BY: Chen Jun Liang
VERSION: 1 (20/12/2022 11:29 (SGT))

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	20/12/2022 11:29 (SGT)
Reported by	Both
Date of Accident	19/12/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 2 TURNING RIGHT INTO EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP4711Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE PENG SAH
NRIC No	S0530873I
Email Address	PETROMATE@GMAIL.COM
Mobile Phone No	(Phone) +65-98444064
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5105736155-04

DRIVER

Name of Driver	LEE PENG SAH
NRIC No	S0530873I
Date Of Birth	02/02/1945
Occupation	Indoor

Date Of Driving Pass	24/05/1973
Driving experience	49 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98444064
Alt. Phone Number	-
Email Address	PETROMATE@GMAIL.COM
Address	BLK 396 TAMPINES AVE 7 #08-297
Address complement	-
Postcode	520396
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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

REFER TO SKETCH PLAN

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	SKU5058K
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI DONGWEI
NRIC No	S7884080C

Contact Number	(Phone) +65-92260722
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 20/12/2022 / 11:21

Report No: MT/_____ D.O.A: 19/12/2022 Time: 18:20 hrs

Vehicle No: SDP4711Z Reporting Type: TP

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This 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 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)**

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.

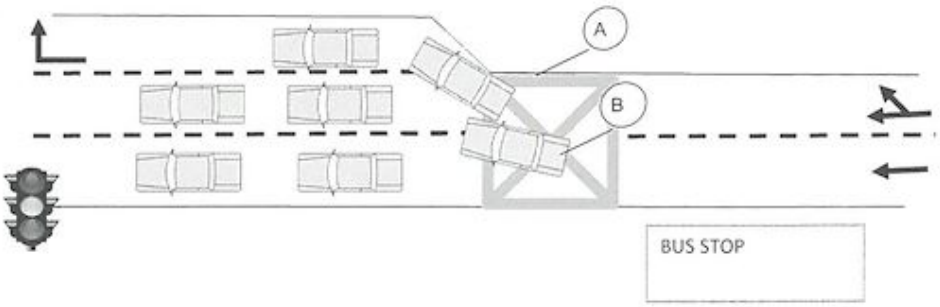
(collectively the "**Purposes**")

(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.

20/12/22 / 11:21	20/12/22 / 11:21	Chen JunLiang
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Peronnel (Name as in NRIC/ID card)

Sketch Plan



UBI AVE 2 TURNING RIGHT INTO EUNOS

Vehicle A: SDP4711Z **Vehicle B: SKU5058K**

Describe Circumstances of the Accident

MY VEHICLE WAS ON THE RIGHT LANE OF UBI AVE 2. I WANTED TO TURN RIGHT AHEAD INTO EUNOS. UPON GREEN TRAFFIC LIGHT, ALL VEHICLES STARTED TO MOVE OFF. I ALSO MOVED OFF AND AS I WAS ENTERING INTO THE RIGHTMOST LANE (RIGHT TURN ONLY) LANE, I FELT AN IMPACT ON MY VEHICLE REAR LEFT PORTION. NO ONE WAS INJURED.

Declaration

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

20/12/22 / 11:21	20/12/22 / 11:21	Chen JunLiang
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)

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12