

## 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 .....	04/01/2023 20:51 (SGT)
Reported by .....	Driver
Date of Accident .....	04/01/2023 09:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BKE BEFORE EXIT 27 TOWARDS CLEMENTI AVE 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC1777X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CLEAR CHANNEL SINGAPORE PTE LTD
Company Reg No .....	2XXXXX555H
Email Address .....	IDRIS.ARIS@CLEARCHANNEL.COM.SG
Mobile Phone No .....	(Phone) +65-90068095
Alternative Phone No .....	(Office) +65-67159500

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133182505

#### DRIVER

Name of Driver .....	WILSON BAY GUO LIANG
NRIC No .....	SXXXX266J
Date Of Birth .....	19/10/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	02/01/2022
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-96443167
Alt. Phone Number .....	-
Email Address .....	WILSON.BAY@CLEARCHANNEL.COM.SG
Address .....	BLK 138 LORONG AH SOO . #12-113
Address complement .....	-
Postcode .....	530138
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 SKETCH PLAN

#### 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 .....	email INCOME

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ5241C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMN1742H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

**SKETCH PLAN**

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**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.



*di*  
4/1/23 @ 1130hrs

Policyholder's Signature / Date & Time

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

*KHONG*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

A - GBC 1777X  
B - YQ 54524/C  
C - SMN 1742-H

vJun2022

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Describe Circumstance of the Accident

At about 920hrs, I was driving at BKE towards Clementi Ave 6,  
All of a sudden, a vehicle (YQ 5241C) Mitsubishi Fuso Lorry  
hit me from behind.

The driver refused to exchange ~~part~~ particulars. He only  
provide his boss number. 9761 3099 named Ku Wei.

As no one was injured, both drivers left the location at about,  
0945hrs.

my ~~car~~ van was push forward to hit front vehicle  
lightly. Front vehicle drove off after checking  
his car and making sure all of us are okay.

no injuries.

*[Signature]*

Declaration

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



*di*  
4/1/23  
1130hrs

Policyholder's Signature / Date & Time

*[Signature]*

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



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















































