

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 20/01/2023 11:11 (SGT)
Reported by Driver
Date of Accident 20/01/2023 08:35 (SGT)
Exact Location of Accident Near Blk 22, Singapore
Additional Location Information UPPER SERANGOON ROAD NEAR SERANGOON JC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK2650D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIONG AUTO PTE LTD
Company Reg No 201400076M
Email Address SALES@SIONGAUTO.COM.SG
Mobile Phone No (Phone) +65-91129425
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Goods vehicle
Transmission Manual
CC 2754

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5116486273-02

DRIVER

Name of Driver LIAW YEW CHYE
NRIC No S1494302A
Date Of Birth 12/06/1961
Occupation Outdoor

Date Of Driving Pass	24/03/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96699667
Alt. Phone Number	-
Email Address	SALES@SIONGAUTO.COM.SG
Address	237 HOUGANG ST 21 #09-400
Address complement	-
Postcode	530237
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 - Head to Rear
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

I WAS DRIVING ALONG UPPER SERANGOON RD ON 21.01.2023@0835HRS. I CAME TO A STOP AT THE TRAFFIC LIGHT ON THE 2ND LANE. SUDDENLY GBF4035T COLLIDIED INTO MY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO STOP ON THE 1ST LANE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4035T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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) -

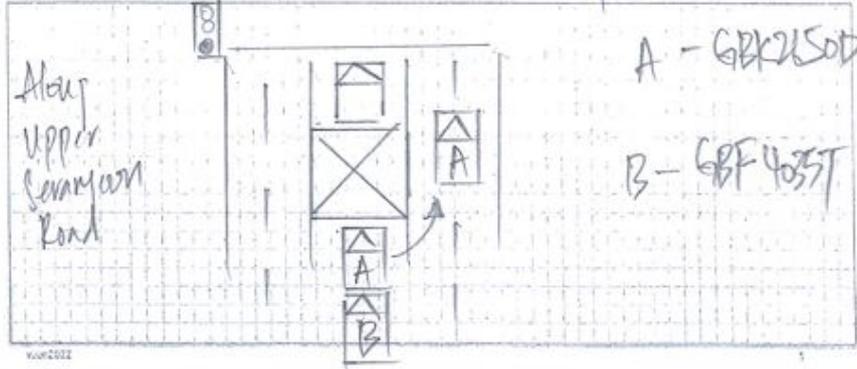
SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to avoid the following issues:
 - a. This Form must be completed by the first driver involved in the accident.
 - b. Information provided must be as truthful as possible. Any information given which is incorrect may be treated as an offence under the Insurance Companies (Reporting of Accidents) Ordinance.
 - c. The accuracy and content of this Form by road users is supervised by the Department of Policy Initiatives of the Traffic Policy Department.
 2. **Any false reporting may be referred to the Traffic Policy Department for investigation.**
 3. This report will be forwarded to the Insurance Risk Management Centre established by the Financial Services Authority (FSA) (Regulator of Financial Institutions) for archiving and for other purposes if the report is not to be made available to the insured party.
 4. By the completion of this report, the insured party hereby consents to the archiving of this report and the use of the report for the purposes stated above.
- B. Consent under the Personal Data Protection Act (PDPA)**
- I understand and acknowledge, agree and consent that:
- (1) I/We (the "Data Subject") and the Director of Insurance (Director of Insurance) (DIO) may be permitted to collect, use, store, process and/or provide my personal data/personal information of nature (Form) and the other personal information provided by me to be processed by my insurer, with respect to the "Personal Information" in the Form and such information, for the purposes stated above and for the purposes stated in the accident report form, which may include which I/We have authorized a representative (collectively referred to as the "Data Controller") to collect, use, store, process and/or provide my personal data/personal information for the purposes stated above.
- (2) I/We understand that the Data Controller may disclose my personal data/personal information to its agents, employees, contractors, service providers, and other persons for the purposes stated above.
- (3) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (4) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (5) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (6) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (7) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (8) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (9) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.
- (10) I/We understand that the Data Controller may disclose my personal data/personal information to the relevant government departments for the purposes stated above.

 Signature, Date & Time
 Actual Driver's Signature (if driver is not the reporting person), Date & Time
 Witness by Reporting Person (Name in BLOCK LETTERS) **QUEK ZIXIANG**

Sketch Plan



Describe the Circumstances of the Accident

I WAS DRIVING ALONG UPPER SERANGOON RD ON 21.01.2023@0835HRS.
I CAME TO A STOP AT THE TRAFFIC LIGHT ON THE 2ND LANE. SUDDENLY
GBF4035T COLLIDIED INTO MY VEHICLE. THE IMPACT CAUSED MY VEHICLE
TO STOP ON THE 1ST LANE.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO CLAIM AN OWN DAMAGE CLAIM UNDER YOUR POLICY.
PLEASE CHECK YOUR POLICY TO BE AWARE OF THIS.

Declaration

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



gs

PK

QK

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer/Personnel (Name of In-NRCD's card) QUEK ZIXIANG

























