

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	02/02/2023 10:52 (SGT)
Reported by	Owner
Date of Accident	02/02/2023 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE CHANGI BEFORE LORINE ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7069M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ESTATE OF ROZAINI BIN SEMBAYANG
NRIC No	S1345842A
Email Address	DANIELSHAQUILLE123@GMAIL.COM
Mobile Phone No	(Phone) +65-91823256
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	WW150
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	Motorcycle
Transmission	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119262220-02

DRIVER

Name of Driver	WAN SHAQUILLE DANIEL BIN WAN SHAHRUL HIDHIR
NRIC No	T0037851D
Date Of Birth	31/10/2000
Occupation	Indoor

Date Of Driving Pass	27/05/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91823256
Alt. Phone Number	-
Email Address	DANIELSHAQUILLE123@GMAIL.COM
Address	BLK 626 ANG MO KIO AVE 4 #03-1052
Address complement	-
Postcode	560626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - Change/cross lane
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	SHC7106P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG TECK LEONG
NRIC No	S1632893F

Contact Number	(Phone) +65-97763390
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 02/02/2023 / 10:36

Report No: MT/

D.O.A: 02/02/2023

Vehicle No: FBR7069M

Reporting Type:

Time: 09:15 hrs

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.

02/02/23 / 10:36

Policyholder's Signature / Date & Time

Sketch Plan

02/02/23 / 10:36

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

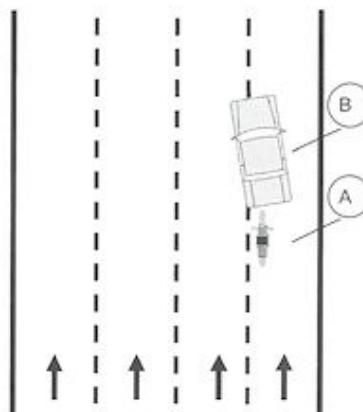
Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

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

PIE CHANGI BEFORE LORINE ROAD EXIT

Vehicle A: FBR7069M

Vehicle B: SHC7106P



Describe Circumstances of the Accident

I was travelling in between lane 1 and 2. Suddenly, vehicle B changed lane from lane 1 to lane 2. Just then, vehicle B braked abruptly while halfway changing lane. Upon seeing this, I jammed my brakes trying to stop but still bumped into the rear of vehicle B.

Declaration

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

02/02/23 / 10:36

Policyholder's Signature / Date & Time



02/02/23 / 10:36

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

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

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





