

# 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 12:06 (SGT)
Reported by .....	Driver
Date of Accident .....	01/02/2023 15:41 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MCE TOWARDS AYE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG1011B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FURNTEX DESIGN & CONTRACTS PTE LTD
Company Reg No .....	199605816C
Email Address .....	LILIAN@FURNTEX.COM
Mobile Phone No .....	(Phone) +65-68421011
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Caddy
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5118342425-02

### DRIVER

Name of Driver .....	GOH YI MIAN (WU YIMIAN)
NRIC No .....	S9048970D
Date Of Birth .....	18/12/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	23/05/2009
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83231010
Alt. Phone Number .....	-
Email Address .....	JAMIAN@FURNTEX.COM
Address .....	BLK 439A BUKIT BATOK WEST AVE 8 #10-987
Address complement .....	-
Postcode .....	651439
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	JESSICA TAN
Gender .....	Female

#### 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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WILL BE SEND TO INSURANCE COMPANY

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC2331X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius

Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	SOONG KEE LUEN
NRIC No .....	S0142588I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

PASSENGER 3

Name .....	BABY
Gender .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	GOH YI MIAN (WU YIMIAN)
Gender .....	Male
Phone No .....	(Phone) +65-83231010
Address .....	BLK 439A BUKIT BATOK WEST AVE 8 #10-987
Address Complement .....	-
Post Code .....	651439
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	GBG1011B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	JESSICA TAN
Gender .....	Female
Phone No .....	(Phone) +65-98798799
Address .....	BLK 439A BUKIT BATOK WEST AVE 8 #10-987
Address Complement .....	-
Post Code .....	651439
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	GBG1011B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 02/02/2023 / 11:53

Report No: MT/

D.O.A: 01/02/2023

Vehicle No: GBG1011B

Reporting Type: TP

Time: 15:41 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 / 11:53

Policyholder's Signature / Date & Time

*[Signature]*

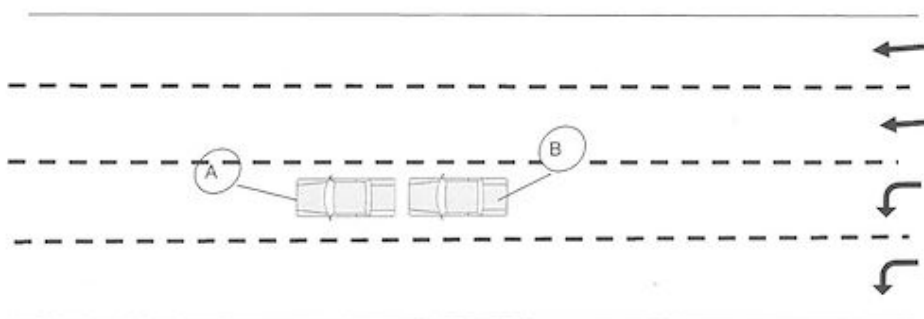
02/02/23 / 11:53

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

Chen JunLiang

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

Sketch Plan



MCE TOWARDS AYE

Vehicle A: GBG1011B

Vehicle B: SHC2331X

**Describe Circumstances of the Accident**

MY VEHICLE WAS DRIVING ON THE SECOND LEFT LANE MCE TOWARDS AYE. I WANTED TO EXIT INTO AYE. IT WAS A SLOW TRAFFIC AHEAD. SUDDENLY, VEHICLE B HIT MY VEHICLE REAR PORTION.

**Declaration**

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



02/02/23 / 11:53  
Policyholder's Signature / Date & Time

02/02/23 / 11:53  
Driver's Signature (If driver is not the policyholder) / Date & Time

Chen JunLiang

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





