



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	18/01/2023 09:57 (SGT)
Reported by	Driver
Date of Accident	17/01/2023 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR BLK 757 YISHUN STREET 72 SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2669Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WING TAT, RANDY (LI RONGDA, RANDY)
NRIC No	S8224434D
Email Address	RANDYLEEMDRT@GMAIL.COM
Mobile Phone No	(Phone) +65-93687076
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es300h
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	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127509956

DRIVER

Name of Driver	TEO BOON EE (ZHANG WENYI)
NRIC No	S9141397C
Date Of Birth	10/11/1991
Occupation	Indoor



Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

23/08/2013
9 YEARS AND 5 MONTHS
Female
(Phone) +65-91790923
-
BERYLINTEO@GMAIL.COM
BLK 840 JURONG WEST STREET 81
#02-107
640840
No
Employee
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Property
Clear
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) 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 MINDY LIM
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

I WAS AT THE SAID LOCATION AND WAS GOING STRAIGHT. I NOTICED THAT THERE WAS A RUBBISH COLLECTION BUGGY THAT WAS PARKED AND STATIONARY BY THE ROADSIDE THUS I SLOWLY NAVIGATED TO PASS THE BUGGY ON THE RIGHT SIDE WHEN SUDDENLY, THE DRIVER HOP ONTO THE BUGGY AND IMMEDIATELY MADE A RIGHT TURN WITHOUT TURNING AROUND TO CHECK AND COLLIDED ONTO MY VEHICLE. NO INJURIES SUSTAINED.

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 PROPERTY

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Passport No/FIN
Contact Number
Address

Address complement
Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

PASSENGER 1

Name

Gender

-
-
-
-
NA / Unknown
UDDIN KAMAL
G8583785R

-
-
-
-
-
SCRATCHES ON RIGHT PORTION
RUBBISH COLLECTION BUGGY
2

UNKNOWN
Male

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.

18/01/2023
Policyholder's Signature / Date & Time

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

MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BLK 757 YISHUN STREET 72 SERVICE ROAD

A - SKA2669Y
B - PROPERTY (RUBBISH COLLECTION BUGGY)


Describe Circumstance of the Accident


REFER TO GEARS

Declaration

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

18/01/2023
Policyholder's Signature / Date & Time


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


MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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