# 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 witholding of material facts may allow insurance companies to repudiate
- 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 01/03/2023 10:20 (SGT) Reported by Date of Accident 28/02/2023 14:05 (SGT) Exact Location of Accident Singapore Additional Location Information SENGKANG EAST ROAD TRAFFIC LIGHT JUNCTION Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBM2270G

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **DECORSOLUTIONS** Company Reg No 5XXXX619X **Email Address** GSW48@HOTMAIL.COM Mobile Phone No (Phone) +65-96754158 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Model N VAN 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 660

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 513392376

# **DRIVER**

Name of Driver WONG SHENG GUANG NRIC No SXXXX645G Date Of Birth 14/10/1984 Occupation Outdoor

Date Of Driving Pass 30/12/2004 Driving experience 18 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96754158 Alt. Phone Number .... Email Address GSW48@HOTMAIL.COM Address BLK. 623 BUKIT BATOK CENTRAL Address complement #02-690 Postcode 650623 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MUTUGUN SUPATTRA 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 STATEMENT 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 KEEP BY DRIVER **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration NumberSMZ4971EVehicle ManufacturerHondaVehicle ModelVezel



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Private car
TAY JING SHENG
SXXXX446H
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-
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#### SKETCH PLAN

#### 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 Oriver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- 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")

Policyholder's Signature / Date & Time

(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 provid (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

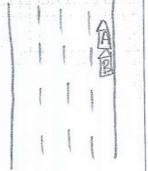
Decoraciutions sousseux Decorsolutions 83420316X

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

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

Sketch Plan

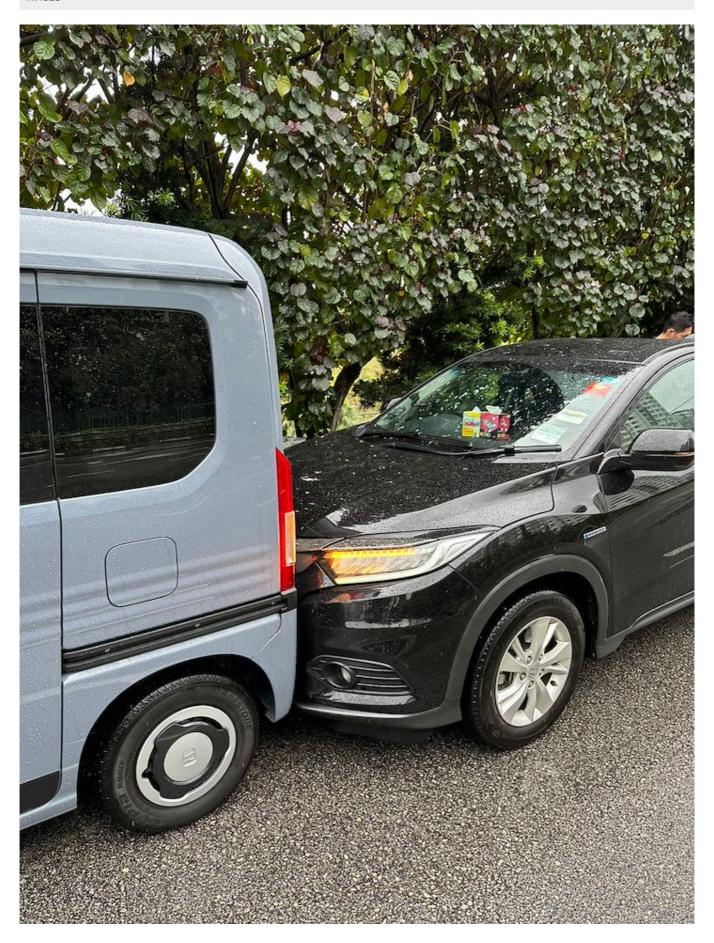
vehicle B SMZ 4971E

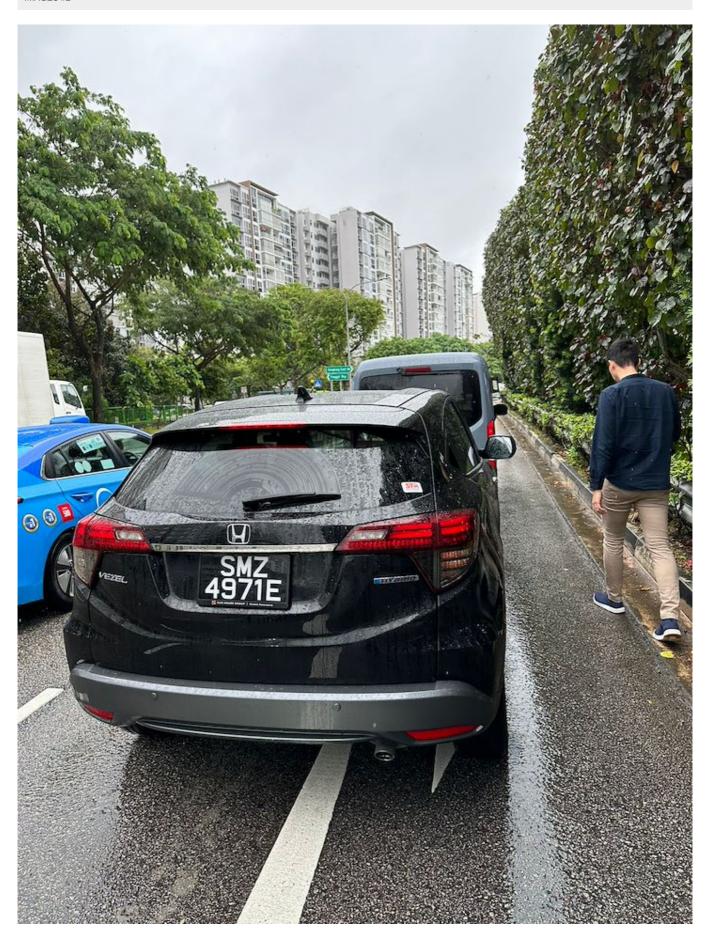


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On 28/02/2023 about 14.05	
proaching Sens kong 15954 Road tra	ffic lish Tunction. I Slow
down and Stop as the front	cars all stop traffic
light Red. Sublearly vehicle B " SMZ	2 4971 E" (dlised onto
my Rear portion. I have video f	fuotise recorded the
accident.	
	ONLE SERV
Declaration  I/We declare the foregoing particulars are true in every respect.	0 UEN 200105041E
rectutions Decorsolutions (SASSELECT W	3 AAA
Policyholder's Signature / Time & Time Driver's Signature (if driver is not the policyholder) & Time	der / Date Witnessed by Reporting Centre Personnel (Name as in NRIC/ID care



























#### Certificate of Insurance

Cover : Comprehensive

: GBM2270G

: 09 Feb 2023

: 08 Feb 2024

: S07B4023187

: DECORSOLUTIONS

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5133922376

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any

enactment or regulation in that behalf from driving the Motor Vehicle. 6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS

: N/A : S\$100 : YES

INSURE WITH COE HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CASA MERAKI PTE. LTD. (00000573856)

: \$\$600

: 09 Feb 2023 13:15 hrs

For INCOME INSURANCE LIMITED

Chief Executive