

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	01/03/2023 10:20 (SGT)
Reported by	Driver
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
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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	Honda
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	Male
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	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	MUTUGUN SUPATTRRA
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 Number	SMZ4971E
Vehicle Manufacturer	Honda
Vehicle Model	Vezel

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY JING SHENG
NRIC No	SXXXX446H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

Decorsolutions
63420918X

us

Policyholder's Signature / Date & Time

Decorsolutions
63420918X

us

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

[Signature]

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

Sketch Plan

vehicle A	GBM 2270G	
vehicle B	SMZ 497IE	

Describe Circumstance of the Accident

On 28/02/2023 about 14.05pm, my vehicle was approaching Seng Kang East Road traffic light Junction. I slow down and stop as the front cars all stop traffic light red. Suddenly vehicle B "SMZ 4971 E" collided onto my Rear portion. I have video footage recorded the accident.

Declaration

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

Decoreolutions
63428818X

us

Policyholder's Signature / Date & Time

Decoreolutions
63428818X

us

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

us

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