

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	03/03/2023 11:33 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG DRIVE & LOYANG LANE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE4206D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A AUTO SERVICES
Company Reg No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112049854-03

DRIVER

Name of Driver	ABDUL HANNAN BIN MAWAR
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass	[REDACTED]
Driving experience	[REDACTED]
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COMS.G

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2312B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LIM KIM SOON
NRIC No	S1422852G
Contact Number	(Phone) +65-93373569
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	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL HANNAN BIN MAWAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND & ELBOW DISCOMFORT RIGHT SHOULDER MUSCLE TENDON PAIN
Injured person in which vehicle?	SLE4206D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.

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.

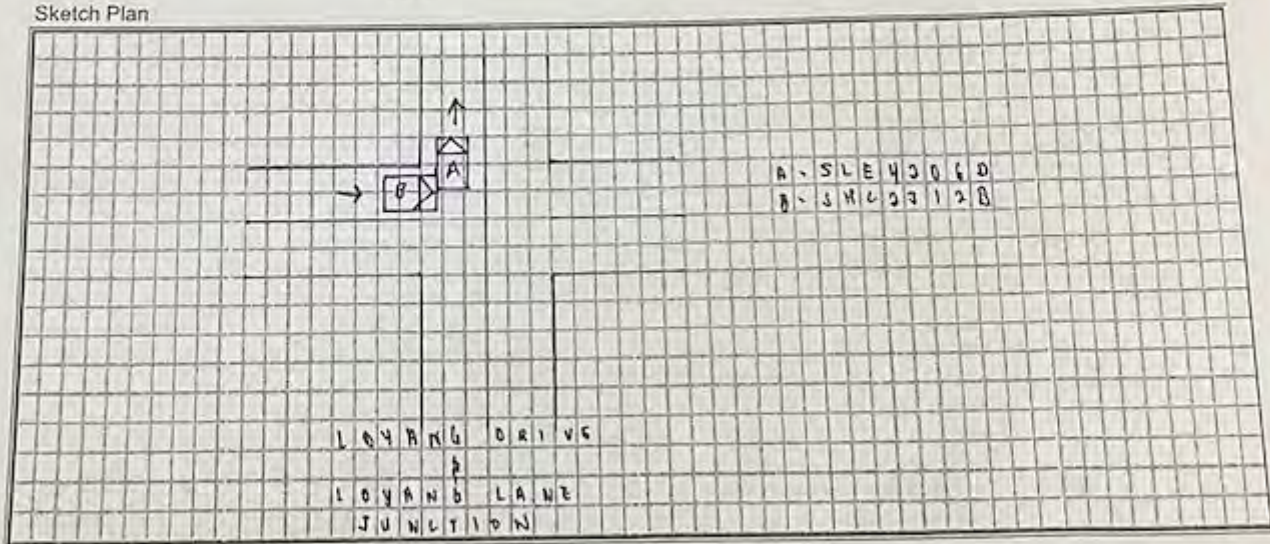


Policyholder's Signature / Date & Time

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

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


Sketch Plan

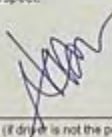


Describe Circumstance of the Accident

Refer to sketch

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


 Policyholder's Signature / Date & Time


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

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

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**SINGAPORE
POLICE FORCE**



G/20230303/7024

1 of 2

POLICE REPORT (NP299)

Report No. G/20230303/7024

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 03/03/2023 11:02	Vide Report No.	Station Diary No.
Name Of Informant ABDUL HANNAN BIN MAWAR	Address [REDACTED]	
ID Type / ID No. NRIC NO / [REDACTED]	Contact No. Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality SINGAPORE CITIZEN	Email Address [REDACTED]	
Occupation Logistics Assistant	Sex Male	Age [REDACTED]
Institution/School Name	Date of Birth [REDACTED]	Race Boyanese
Date/Time Of Incident 28/02/2023 17:45 - 28/02/2023 19:30	Location Of Incident [REDACTED]	

Brief details.

I was traveling straight at slow speed, taxi vehicle SHC 2312 B did not stop at stop line and hit my vehicle from the left at the back wheel. Incident happen at Loyang Dr junction. I went to the doctor and was granted 3 days MC with minor injury due to my right hit the door board.

Subjects Involved

Victim

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
03/03/2023 11:02

Classification Of Case:



SINGAPORE
POLICE FORCE



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230303/7024

Person Name	ABDUL HANNAN BIN MAWAR		
ID Type	NRIC NO	ID No	[REDACTED]
Gender	Male	Age	[REDACTED]
Race	Boyonese	Language	English
Occupation	Logistics Assistant	Address	[REDACTED]
Mobile No	[REDACTED]	Is Informant A Victim?	Yes
Person Name	ABDUL HANNAN BIN MAWAR (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
03/03/2023 11:02

Classification Of Case:

