SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

 Please report <u>correctly</u> me details or the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as trutiful and accurate as possible. Any willul 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 Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

28/02/2023 15:41 (SGT)

Driver

27/02/2023 18:45 (SGT)

106 Woodlands Industrial Park E3, Singapore 757840

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ4641Y

INSURED/POLICYHOLDER

Is company?

Bal

IDA

GIA

CA

Date:

Date

oft F

D SL

1: Est. L' Lum

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

BUDGETCARS PTE, LTD.

2XXXXX239Z

van-related@bgc.sg

(Phone) +65-96259293

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Toyota Hiace

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Employment

No - Claiming third party Commercial vehicle

Auto 2982

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5109179076-03

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

C Accident report SA18232S0001

MUHAMMAD RIZDUAN KHAN BIN JANNI

SXXXX407H

30/04/1994

Outdoor

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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.
- 3 Information provided must be as touthly and accurate as possible. Any willy misrepresentation or withholding of material facts may allow insurance companies to repudiate policy tability.
- 4. The listue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the biacerola eldalieve econ gnied proper
- 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 florm) 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' tawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (f) processing, handling end/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the dains:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal date 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 folloct. use, declose and/or process my Personal information for one or more of the above Purposes; and

CARS W Ca Re On Ca Re (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or ag-(including their lawyers/familiant), which may be alted outside of Singapore, for one of more of the above Purposes.

Sketch Plan

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

Witnessed by Reporting Con (Name as in NRICAD card)