

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	31/10/2022 17:43 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	302 SIN MING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8707J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OCTAVE TRANSPORT SERVICES
Company Reg No	53370384X
Email Address	BERNARDPONGPONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97279355
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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 hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120540477-01

DRIVER

Name of Driver	PONG GUN BERNARD
NRIC No	S6844448I
Date Of Birth	24/11/1968
Occupation	Outdoor

Date Of Driving Pass	23/07/1993
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97279355
Alt. Phone Number	-
Email Address	BERNARDPONGPONG@GMAIL.COM
Address	BLK 103 #23-06
Address complement	AH HOOD ROAD
Postcode	320103
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 on collision
Weather Conditions	Clear
Road Surface	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 28TH OCTOBER 2022 AT ABOUT 1215HRS, I WAS AT STA INSPECTION CENTRE AT 302 SIN MING ROAD. THERE WERE 2 LANES GOING TO THE INSPECTION CENTRE AND I WAS IN THE QUEUE ON THE RIGHT LANE. AS MY CAR WAS STATIONARY IN QUEUE, CAR EW30H, WHICH WAS DRIVING AGAINST THE FLOW OF TRAFFIC DIRECTION, CAME CLOSE TO MY VEHICLE AS HE WAS OBSTRUCTING THE ONCOMING TRAFFIC ON THE LEFT LANE. WHEN THE TRAFFIC ON THE LEFT LANE HAS CLEARED, THE OTHER DRIVER ATTEMPTED TO ENTER INTO THE LEFT LANE, WHICH WAS AGAINST THE FLOW OF TRAFFIC AND WHILE DOING SO, HIS CAR FRONT LEFT BUMPER COLLIDED AGAINST THE FRONT LEFT PORTION OF MY CAR WHILE I WAS STILL STATIONARY. THE OTHER DRIVER ONLY GAVE ME HIS CONTACT NUMBER.

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	To submit to workshop

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EW30H
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96345818
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



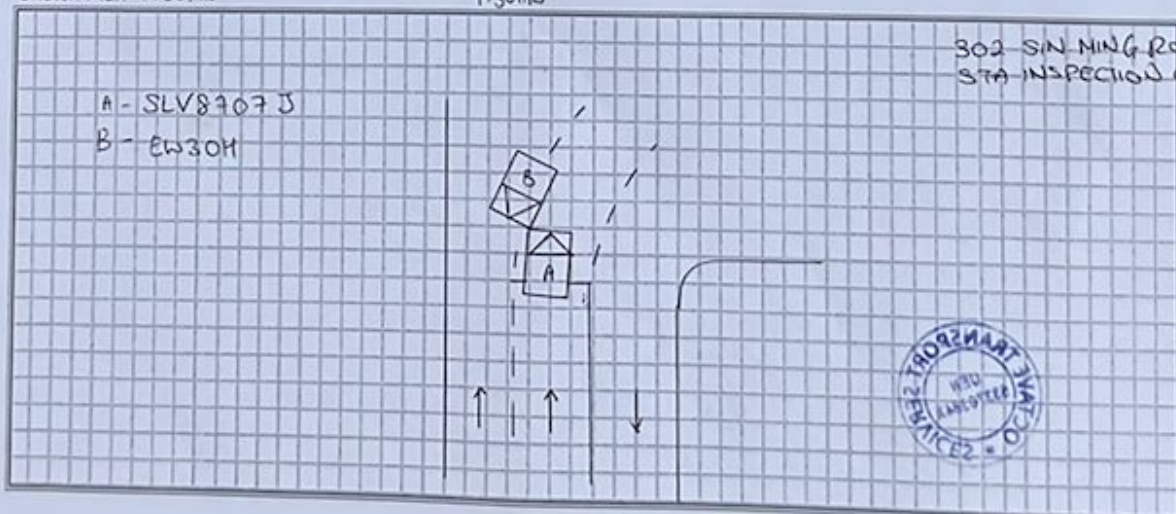
Policyholder's Signature / Date & Time
21/10/22

Sketch Plan 1730H2

Driver's Signature (if driver is not the policyholder) / Date & Time
31/10/22 1730H2

MD SHAN KASMEIR BIN ABDULLAH

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



Describe Circumstance of the Accident

Refer to Gears



Declaration

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



Policyholder's Signature / Date & Time

31/10/22
1730HRJ

[Signature]

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

31/10/22
1730HRJ

[Signature]

MD SHAN KASMEIR BIN ABDULLAH

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























