

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 17:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/03/2023 23:26 (SGT)
Exact Location of Accident	147 Lor 2 Toa Payoh, Block 147, Singapore 310147
Additional Location Information	PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5795C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM YU LIANG
NRIC No	S9321385H
Email Address	TERRYSIMYLCAR@GMAIL.COM
Mobile Phone No	(Phone) +65-96785259
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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 car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132588941

DRIVER

Name of Driver	SIM YU LIANG
NRIC No	S9321385H
Date Of Birth	19/06/1993
Occupation	Indoor

Date Of Driving Pass	26/10/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96785259
Alt. Phone Number	-
Email Address	TERRYSIMYLCAR@GMAIL.COM
Address	BLK 147 LORONG 2 TOA PAYOH #17-344
Address complement	-
Postcode	310147
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DRIZZLING
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)	5
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	BELLA GOH EN QI
Gender	Female

PASSENGER 2

Name	PO YAN KIT JOEL
Gender	Male

PASSENGER 3

Name	GLENDALIM HUI YING
Gender	Female

PASSENGER 4

Name	TEO WANRU
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

I WAS TRAVELLING ALONG THE SERVICE ROAD TO BLK 147 LORONG 2 TOA PAYOH PICK UP POINT WHEN I STOP BEHIND SMH1159Z WHEN SUDDENLY, SMH1159Z REVERSED HIS VEHICLE AND COLLIDED ONTO MY STATIONARY STOPPED VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No


DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number SMH1159Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

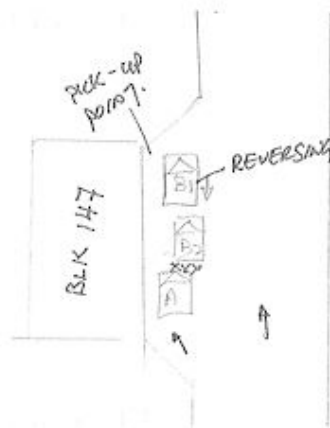
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Sketch Plan



B/147 LORONG 2 TOA PAJOM
PICK-UP POINT

A: SKN 5795C
B: SMH 1159Z

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE SERVICE ROAD TO BLK 147
LORONG 3 TOA PAYOH, PICK-UP POINT, WHEN I STOP BEHIND
M/CAR SMH 11592 WHEN SUDDENLY M/CAR SMH 11592 REVERSING
HIS VEHICLE AND COLLIDED ONTO MY STATIONARY STOP VEHICLE.

Declaration

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

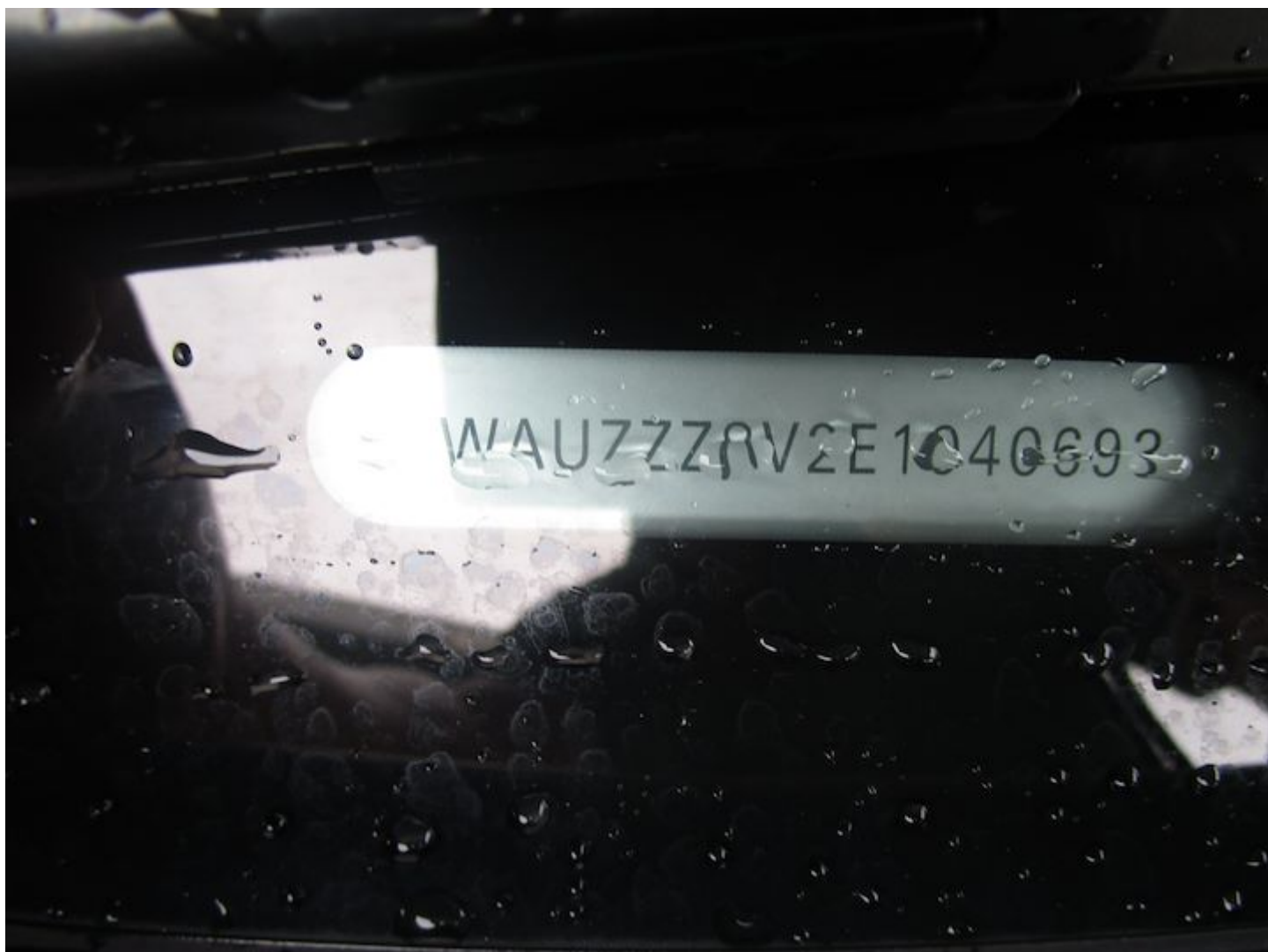
See you too

Policyholder's Signature / Date &
Time

Lydon G.

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

Witnessed by Reporting Centre
Personnel















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 389)
 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: 543258943 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle	: SKN5795C
Chassis Number	: WAUZZ28V2T1040093
2. Name of Policyholder	: SIM YU LIANG
3. Effective Date of Insurance	: 12 Dec 2022
4. Expiry Date of Insurance	: 25 Dec 2023
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 User	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
This Policy does not cover	
(a) Use for hire or reward	
(b) Use for racing, pace-making, reliability trial or speed testing	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business	
(d) Use for any purpose in connection with the Motor Trade	
* Limitations conferred operative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 389) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.	

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIM YU LIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEA-AS BANK 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 389) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agency : GICASSON INSURANCE AGENCY PTE. LTD. (0000073812)

Date of Issue : 12 Dec 2022 17:51 hrs

For INCOME INSURANCE LIMITED

Chief Executive

Enquiries on claims, vehicle breakdown and towing services in Singapore.
 Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia.
 Call our 24-hour hotline at +603 2712 3187.

In the event of an accident