Veh No: SLG 726 YE Yr Regn: 3016 / OCT Type (M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Mazda 3 c.c. 1456 at Workstop m/s Colour Sheed Vehicle No: AC: Insured / Std / NI / NA sp.Reading 24073) T/Radio: Insured / Std / NI	<u> </u>	C23003709/Awy3 ASSIGNMENT
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SA1823460004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 06/04/2023 16:38 (SGT) SUBMITTED BY: Claims VERSION: 1 (06/04/2023 16:38 (SGT))



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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/04/2023 16:38 (SGT) **Actual Driver** 06/04/2023 08:25 (SGT) Dover Rd, Singapore DOVER ROAD TOWARDS CLEMENTI ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG7264E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

KAJIO RENTALS 5XXXX434C

KAJIORENTALS@HOTMAIL.COM (Phone) +65-97295873

Mazda

Private hire

Auto

1500

3

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5123806990-01

No - Claiming third party

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

NG MENG HIAN SXXXX252I 17/04/1969 Outdoor



Date Of Driving Pass 24/02/1987 Driving experience 36 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-91088085 Alt. Phone Number **Email Address** KAJIORENTALS@HOTMAIL.COM Address 234 CHOA CHU KANG CENTRAL Address complement 11-05 Postcode 680234 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 - Major/Minor Rd 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) 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 REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLQ6033J Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver
- 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 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 ladgement 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)

Lunderstand, 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

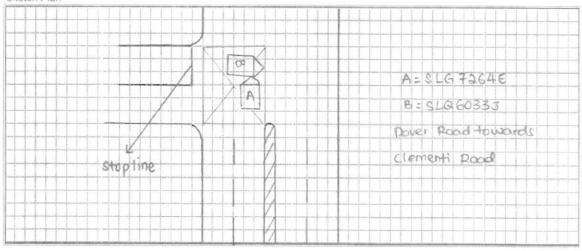
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Sign

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

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

Sketch Plan



Describe Circumstance of the Accident On 06.04.2023 at about 08:25 hours along Dover Road towards Clementi Road, I was travelling straight on lane 1 at the above mentioned location and suddenly, vehicle (B) dashed out from the minor road of Dover Road (Beside Dover Court International School), without checking the oncoming traffic condition and stopped at the stop line. I immediately slowed down and stopped my vehicle (A) and horned to alert the driver of vehicle (B), however, vehicle (B) still collided onto the front portion of my vehicle (A). Vehicle (A): SLG 7264E Vehicle (B): SLQ 6033J Declaration

I/We declare the

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