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.

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 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 11/04/2023 10:35 (SGT) Reported by **Actual Driver** Date of Accident 10/04/2023 09:06 (SGT) Exact Location of Accident ECP, Singapore Additional Location Information ECP TOWARDS CITY TANJONG RHU FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF5738S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BAN GUAN & CO** Company Reg No 0XXXX600J Email Address elin.cqw@gmail.com Mobile Phone No (Phone) +65-81689525 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant

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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5132225289

DRIVER

Name of Driver **TIO TIONG YEW** NRIC No SXXXX683J Date Of Birth 12/08/1968 Occupation Outdoor

Date Of Driving Pass 13/01/2006 Driving experience 17 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81093243 Alt. Phone Number Email Address elin.cqw@gmail.com Address 659C PUNGGOL EAST Address complement 07-737 Postcode 823659 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Chain 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 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name RAMAMOORTHY VIJAYAKUMAR Gender PASSENGER 2 Name MAUNG MAUNG LAY Gender Male PASSENGER 3 Name **UDDIN ALA** Gender Male 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 ATTACHED

Yes

Are accident photos available for attachment?

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3277Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	6

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH6293Z
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	-
No. Of Passenger (Including Driver)	3



SKETCH PLAN

XTANT NOTICE

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.
- Information provided must be as <u>bruthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy sability.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be ferwarded 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.
- 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 insurers) 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 agencylauthority (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 making 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 wet as on the external cover of envelopes/mail nackages); 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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

SEN STER S CO.

Policyholder's Signature / Date & Time

10

Owner's Signature (if driver is not the policyholder) / Oble 8 Time

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

Sketch Plan

Vehicle 8: C18532777 25365.

Vehicle 8: C18532777 25365 25365 25565000 255655 255655

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Declaration I/We declare the fore	going particulars are tru	e in every respect		16	Ga Any And Po
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