

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	11/04/2023 12:44 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 15:03 (SGT)
Exact Location of Accident	Sungei Kadut Street 1, Singapore
Additional Location Information	And Sungei Kadut Street 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC6780D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHENG TRANSPORT TRADING
Company Reg No	5XXXX547J
Email Address	andy.lee@pas.sg
Mobile Phone No	(Phone) +65-92366363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYH52S
Variant	-
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113922227-03

DRIVER

Name of Driver	WANG GANG
Passport No/FIN	GXXXX134U
Date Of Birth	17/12/1981
Occupation	Outdoor

Date Of Driving Pass	16/04/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-82253889
Alt. Phone Number	-
Email Address	andy.lee@pas.sg
Address	B
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sub-Contractor
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 - 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)	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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUTOEXCEL

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	GBC5721E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	BALAKRISHNAN GUHAN
-	GXXXX289N
Contact Number	(Phone) +65-90811793
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

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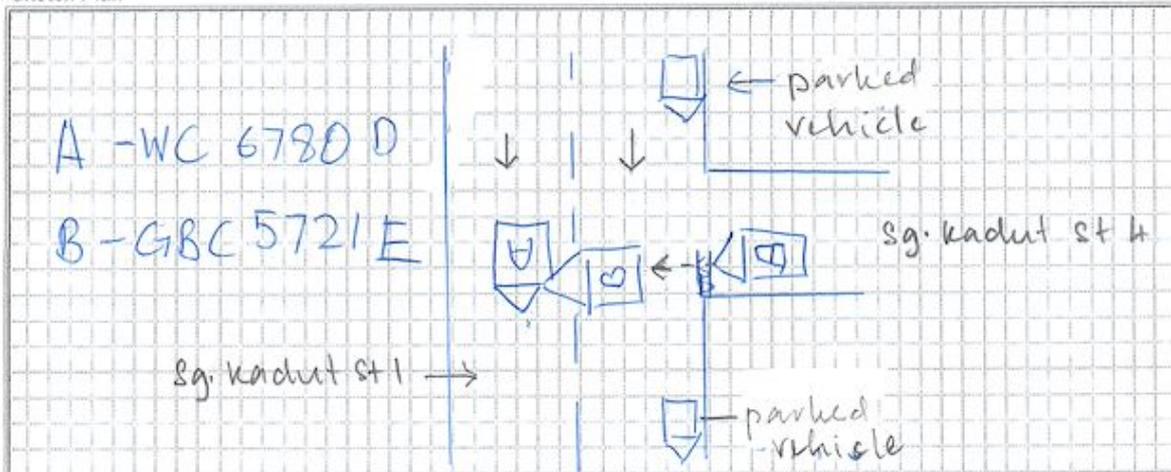
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Florence

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Attach Statement

Attach Scene photo

No one Injame.

Claiming third party insurance

Declaration

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



Policyholder's Signature / Date & Time

王月

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



Florence
Woh

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



On 10/4/2023 at about 3.03pm, I was driving WC6780D traveling along Sungei Kadut Street 1.

3rd party GBC5721E was coming out from Sungei Kadut Street 4 (side road) without looking out for vehicles along Sungei Kadut Street 1 (main road).

As a result, 3rd party front left has hit onto my vehicle front left corner and door area. (Shown in photo).

After the accident, we exchanged our particulars and no injuries in this accident.

I want to claim 3rd party for my damages.

3rd party driver is Balakrishnan Guhan (Fin No: G1444289N) and Hp: 90811793.

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WANGGANG 11/4/2023















