

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	17/04/2023 14:26 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 12:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4736A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JAMES & CHRIS TRADING
Company Reg No	53068199D
Email Address	CHRISTINE0663@HOTMAIL.COM
Mobile Phone No	(Phone) +65-84578124
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2900
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 your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2901

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121591012-01

DRIVER

Name of Driver	AW BOON LAM
NRIC No	S1829048J
Date Of Birth	30/04/1967
Occupation	Outdoor

Date Of Driving Pass	19/11/1987
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93807335
Alt. Phone Number	-
Email Address	CHRISTINE0663@HOTMAIL.COM
Address	BLK. 413 WOODLANDS ST. 41
Address complement	#06-63
Postcode	730413
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	Collision - Head to Rear
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 THE MENTION DATE & TIME, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI. I SLOWED DOWN AS I SAW AN ACCIDENT AHEAD OF ME. BUT SUDDENLY VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY 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	SHA1810Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WOON CHEW YUE

NRIC No	S0237985F
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

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Changi

another accident in front

A - GBB 4736H

B - SHAI 810Y

Describe Circumstances of the Accident

On THE ABOVE MENTION DATE & TIME, I
 WAS TRAVELLING ALONG PIE TOWARDS CHANGI.
 I SLOWED DOWN AS I SAW AN ACCIDENT
 AHEAD OF ME. But SUDDENLY VEHICLE B
 COLLIDED ONTO THE REAR portion of MY
 VEHICLE.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim
 under your own comprehensive policy. please check with your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

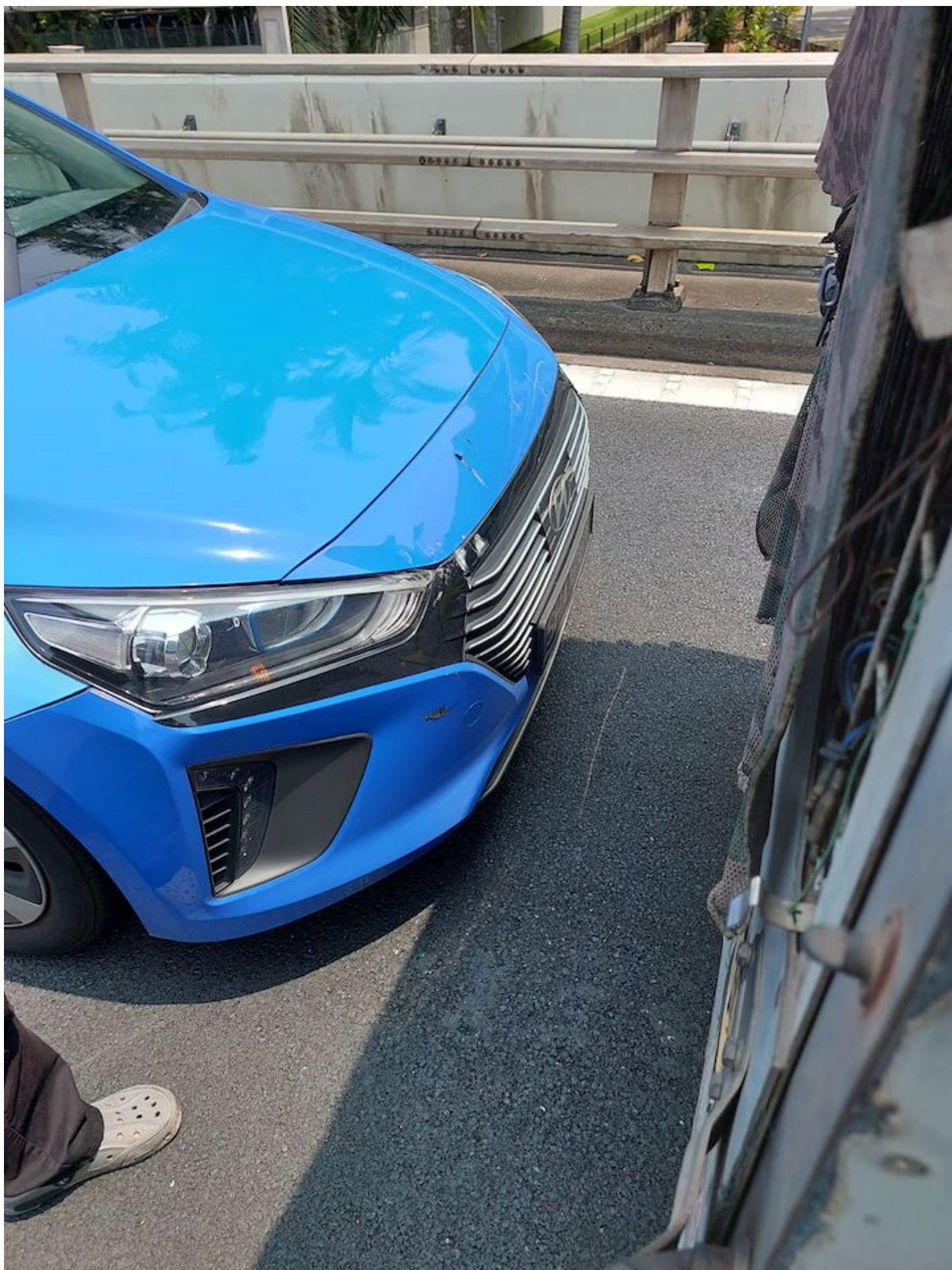
Driver's Signature (If driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel

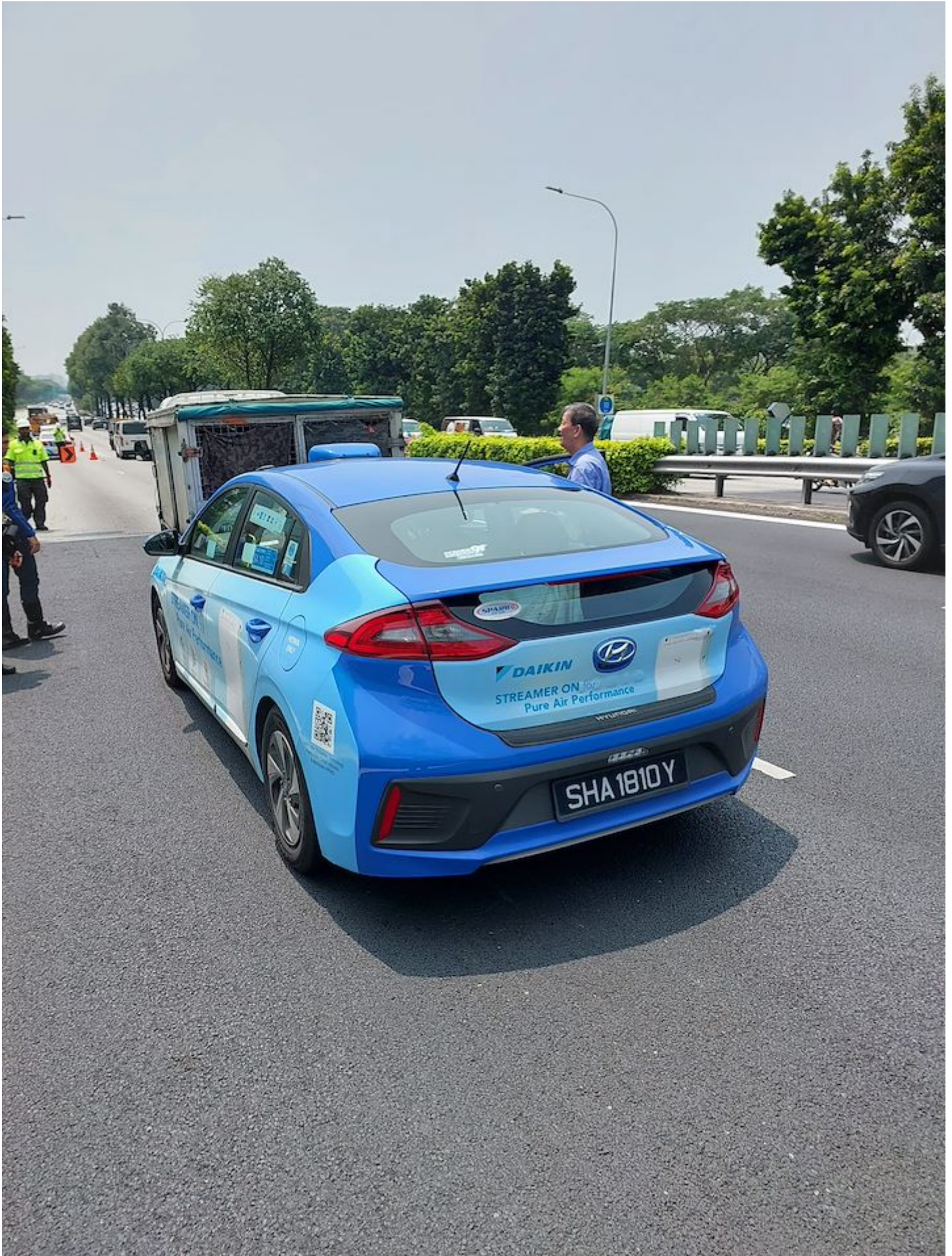


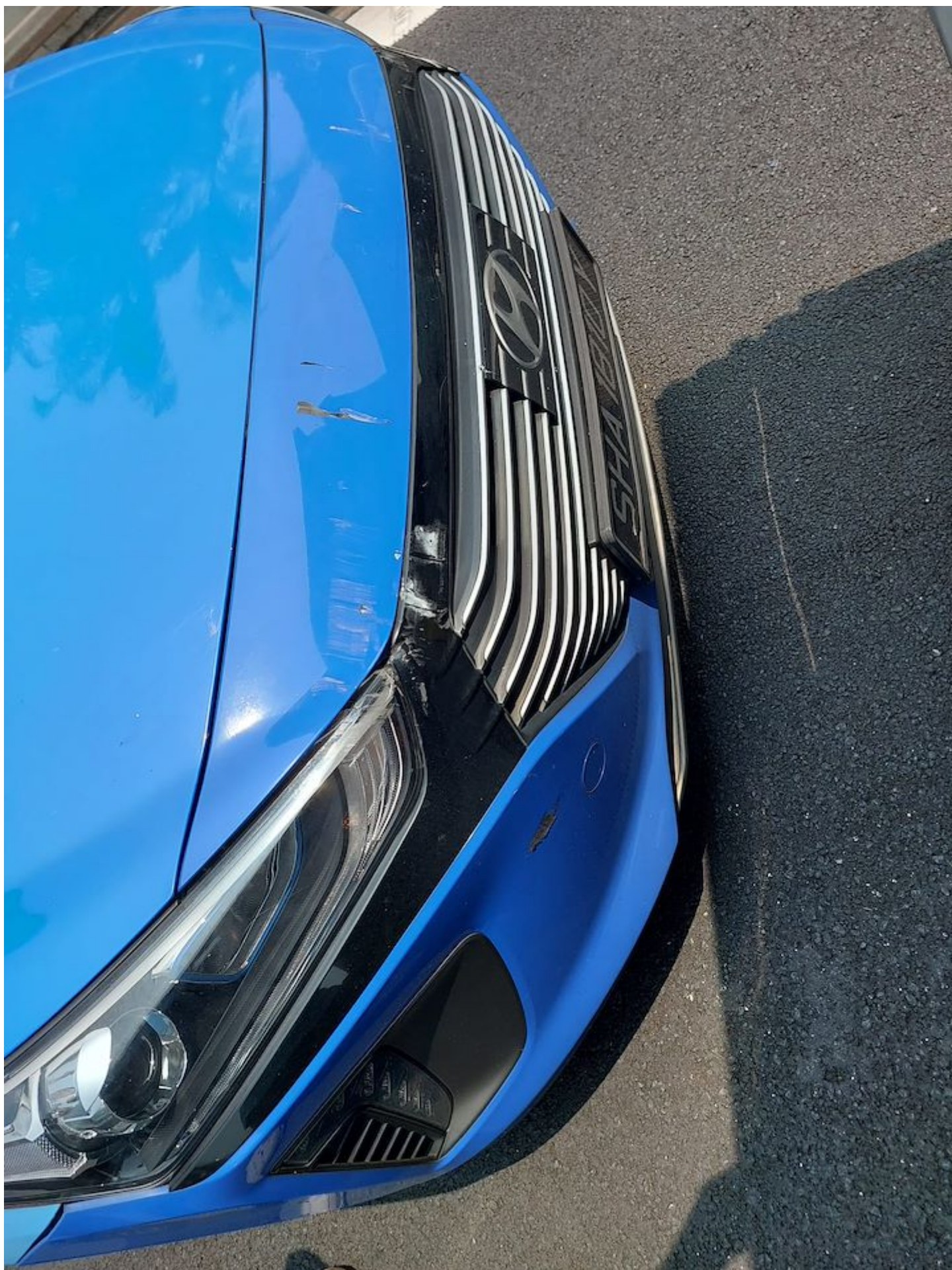
































THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5121591012-01
The Policyholder	: JAMES & CHRIS TRADING
	: BLK 413 #06-63
	: WOODLANDS STREET 41
	: SINGAPORE 730413

Period of Insurance	: 29 Apr 2022 To 28 Apr 2023
Sum Insured	: N/A
Premium (Inclusive GST)	: S\$1,144.55

Interest Insured

Cover Type	: Third Party		
Make/Model	: KIA/K2900		
Capacity	: 1.54 ton(s)	Number of Seater	: 2
Registration Number	: GBB4736A	Registration Date	: 29 Apr 2009
Chassis Number	: KNCSE014297385008	Insure with COE	: N/A
Excess (Section 1)	: N/A	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M1

Agency	: ABWIN PTE LTD (00000614234)
Date of Issue	: 07 Mar 2022 15:01 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

00452030420VC4N