

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	16/04/2023 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/04/2023 16:14 (SGT)
Exact Location of Accident	253 Jurong East St 24, Block 253, Singapore 600253
Additional Location Information	CAR PARK J13 LOTS NO. 24 AND 25
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD674K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REGIONAL TECH PTE LTD
Company Reg No	198402866D
Email Address	SUNNY@REGIONALTECH.COM.SG
Mobile Phone No	(Phone) +65-96345808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0002167_03

DRIVER

Name of Driver	NG HIAN HO
NRIC No	S0164910H
Date Of Birth	01/09/1951
Occupation	Outdoor

Date Of Driving Pass	16/05/1983
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81270188
Alt. Phone Number	-
Email Address	DOREEN.NG@OUTLOOK.COM
Address	BLK 278 TOH GUAN ROAD #11-179
Address complement	-
Postcode	600278
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	Collided into Parked Vehicle
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

AS PER ATTACHED SHEET

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	SLE31S
Vehicle Manufacturer	BMW
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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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")

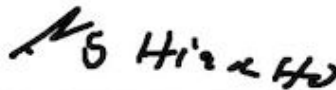
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



15/4/2023, 6.20PM

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) YEO KIM SUNG/30000773E

Sketch Plan

Describe Circumstance of the Accident

On 14 April 2023 at about 16:14 hrs, I parked my company Lorry No. GBD674K at Blk 253, Jurong East Street 24, Car park J13, carpark lot No. 24. I went to collect goods and put in my lorry. I started to move out from the carpark. Suddenly on my car right, a grab food delivery cyclist drove at a very high speed and came near my front right corner, I tried to avoid the collision and I moved my vehicle more to the left. Unfortunately, the centre of my lorry grazed the BMW's car front head lamp corner.

There was no one in the BMW. I waited and after that a man approached me and said he is the BMW owner.

He was aware and told me to file insurance report.

My company lorry has no damage at all, all markings areas are old markings.

No one was injured.

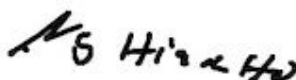
Declaration

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



15/4/2023, 6.20PM

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) YEO KIM SUNG/S000773E











IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC19234F0001 Vehicle Registration No: GBD674K
 Name (as shown in NRIC): NG HIAN HO NRIC/FIN/Passport No: S0164910H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 278 TOH GUAN ROAD #11-179 Singapore (600278)
 Contact (Tel): Mobile No.: 81270188
 Email Address: DOREEN.NG@OUTLOOK.COM
 Date of Accident: 14/04/2023 Time of Accident: 16:14 HRS
 Place of Accident: 253 JURONG EAST ST 24 BLK 253 SINGAPORE 600253
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Vehicle Number amended to GBD674K

Ng Hian Ho

Policyholder / Driver's Signature
 Date: 17/4/2023

[Signature]

Reporting Centre Personnel's Signature
 Name: YEO KIM SUNG
 NRIC/FIN No.: S2555773E
 Date: 17/4/2023