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 29/04/2023 12:10 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/04/2023 16:40 (SGT) Exact Location of Accident Hougang, Singapore Additional Location Information Hougang Avenue 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1600

Vehicle Registration Number SKH2603A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Heng Joo Hor NRIC No S1468179E Email Address hengjoohor@gmail.com Mobile Phone No (Phone) +65-91134868 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127855293

DRIVER

Name of Driver Heng Joo Hor NRIC No S1468179E Date Of Birth 30/04/1961 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	31/03/1983 40 YEARS AND 1 MONTH Female (Phone) +65-91134868 - hengjoohor@gmail.com Blk 565 Ang Mo Kio Avenue 3 #07-3429 560565 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 3 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
	Suddenly, I heard a loud bang and a hard impact on my car and my and realised that a motor vehicle B:SMU607K had hit the rear of my damaged. The front vehicle's driver did tell me he knew that I had
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SNE3455J - - -

Vehicle Category	Private car
Name of Driver	Peh Hock Meng
Contact Number	(Phone) +65-81612812
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMU607K -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Goh Zheng Lin
Contact Number	(Phone) +65-86081871
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.
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- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

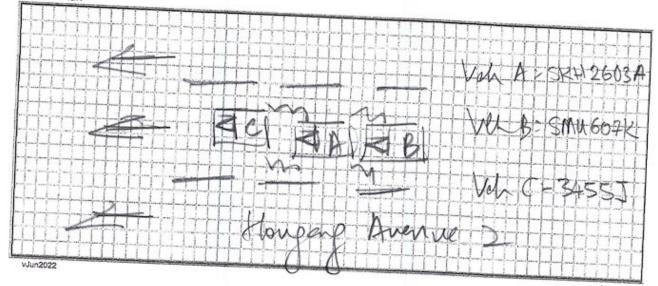
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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

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

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

Sketch Plan



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yholder's Signature / Date &	Time Actual D			1/4	-
cyholder's Signature / Date 8	/ Date & Time	gnature (if driver is not th	e policyholder) Witne	essed by Reporting Centre 16 as in NRIC/ID card)	Personnel









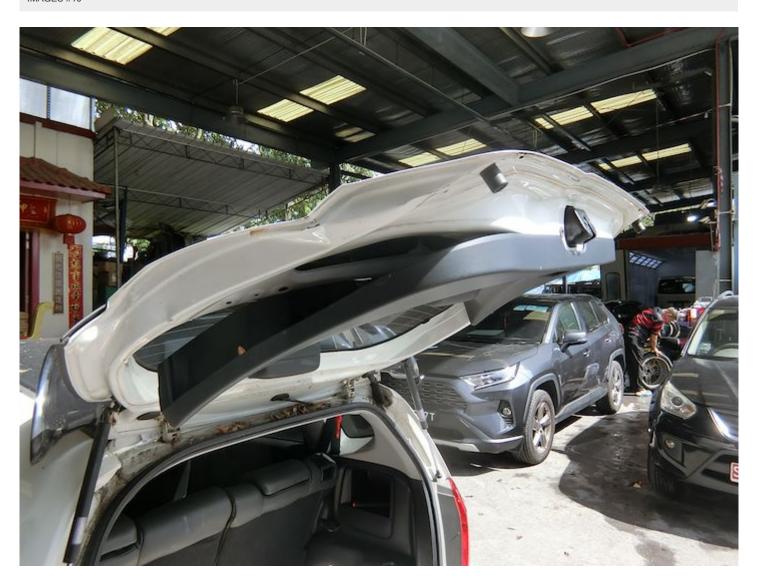






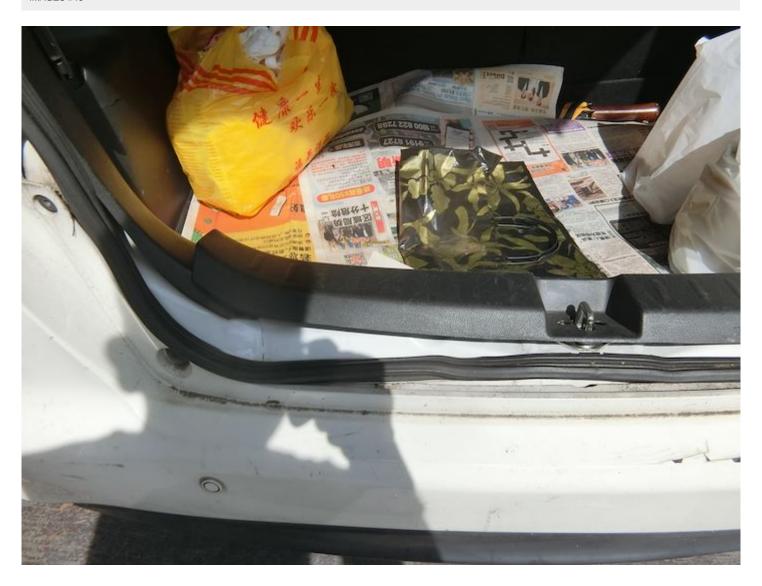


















	ADDENDUM
(*Vehicle Driver/Policyholder) (*) Please de Address: BIK565 Ang Mo Kio Ave 3	Vehicle Registration No: SKH2603A NRIC/FIN/Passport No: SI468179E Plete as appropriate # 07-3429
Email Address: Heng Januar @grail.com	Mobile No.: 4113 4868
Place of Accident: 28/04/2023 Place of Accident: Hougong Ave 2	Time of Accident: 16'. 40 Hrs
Insurance Company: Income Insurance	TO MARINE POL
B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned make the following amendments:	accident and would like to include additional information or
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Annex E

NOTICE OF COMPLIANCE

	This is to confirm that Heng Joo Hor . 91134868
NRIC/F	FIN S1468179E, has reported to the Police a non-injury traffic accident
which o	occurred at along Hougang Ave 2, near to the T Junction of Hougang Ave 2 x and Ave 10 on 28/04/2023 at 1640hrs involving the following vehicles:
SNE345	03A - Complainant 55J – Peh Hock Meng, NRIC: S1806441C 7K – Goh Zheng Lin, NRIC: S8109822J
2	If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
	Rank/Name of Issuing Officer: SGT Tan Wei Jie Date: 28/04/2023 Time: 1809hrs
	S/D Ref: 66 HOUGANG NPC
	Police Post/Unit: Hougang NPC FEL: 1800-4890999

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002