

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.

 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 28/04/2023 13:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/04/2023 17:40 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information KJE (TO PAYA LEBAR WAY) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX6649H INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LEE HONG LIANG NRIC No. SXXXX269B

Email Address OETIDEVIL71@YAHOO.COM.SG Mobile Phone No (Phone) +65-98712023

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios

Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission Auto 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5134701755

DRIVER

Name of Driver LEE HONG LIANG NRIC No SXXXX269B Date Of Birth 15/01/1971 Occupation Indoor

| Date Of Driving Pass | 15/06/2011 |
|--|---|
| Driving experience | 11 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98712023 |
| Alt. Phone Number | - |
| Email Address | OETIDEVIL71@YAHOO.COM.SG |
| Address | APT BLK 123 PAYA LEBAR WAY #02-2911 |
| Address complement | - |
| Postcode | 381123 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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) | 2 |
| 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 | - |
| Original language used in the statement | • |
| PASSENGER 1 | |
| Name | HELEN PHUA |
| Gender | Female |
| 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 27/4/22 AT ADOLLT EADDM LAMAS DOLVING ALONG KIE ON | THE MOST OUTED DIOUT LANE (4) SUPPLIES A COACH ON |
| MY LEFT CAME INTO MY LANE (1). I STEPPED ON MY BRAKE | |
| FELT AN IMPACT AT THE REAR OF MY CAR (A). CAR B (GBF6 | 917K) HAS HIT THE REAR OF MY CAR (A). |
| | |
| 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 | GBF6917K |
| Vehicle Manufacturer | - abi 001/10 |
| | |

| Vehicle Model | _ |
|---|--------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |
| Name of Driver | LUCUS WONG |
| NRIC No | SXXXX365A |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

| oribe Circumstance of the Accident | |
|--|--|
| On 27/4/23, at about to | copm, I was driving |
| along KJE by the most outer | |
| a coach on my lott came into my l | ano (1). Instepped on n |
| brate to stop my car to avoid Witting | the coach. Then I tett |
| an impact at the rear of my car (A) |). (av b (618F6914K) |
| has let the rear of my car (A) | |
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| | |
| eclaration We declare the foregoing particulars are true in every respect. | m sw gad ac S |
| Salver Skeling | 301NB39 |
| Policyholder's Signature (Pate & Time Oriver's Signature (If civer is not the policyholder)/ Dalf (123) 12pm | Jate Witnessed by Reporting Centre Personnel (Name as in NRICHO card) |

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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' tawyers/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 anotor 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. (collectively the "Purposes")

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

(a) 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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Contro , Dom 1















