

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	26/04/2023 15:54 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 10:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT7700D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILD COOL ENGINEERING SERVICES PTE LTD
Company Reg No	1XXXXX501G
Email Address	BUILD@BUILD COOL.COM.SG
Mobile Phone No	(Phone) +65-68417811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128350402

DRIVER

Name of Driver	IN CHUN XIAN
Passport No/FIN	GXXXX090P
Date Of Birth	07/04/1992
Occupation	Outdoor

Date Of Driving Pass	04/09/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97791391
Alt. Phone Number	-
Email Address	MIKEIN9117@GMAIL.COM
Address	3 ANG MO KIO ST 62 #06-10/11 LINK@AMK
Address complement	-
Postcode	569139
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 - 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

I WAS DRIVING STRAIGHT ALONG ANG MO KIO IND. PK 2. SUDDENLY, VEHICLE B (GBE4626T) FROM THE MINOR ROAD ON MY LEFT MOVED OUT AND COLLIDED TO MY REAR LEFT PORTION CAUSING DAMAGE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO EMAIL TO INCOME INSURANCE LTD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4626T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HARMANDIR SINGH
Passport No/FIN	GXXXX248R
Contact Number	(Phone) +65-80454613
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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

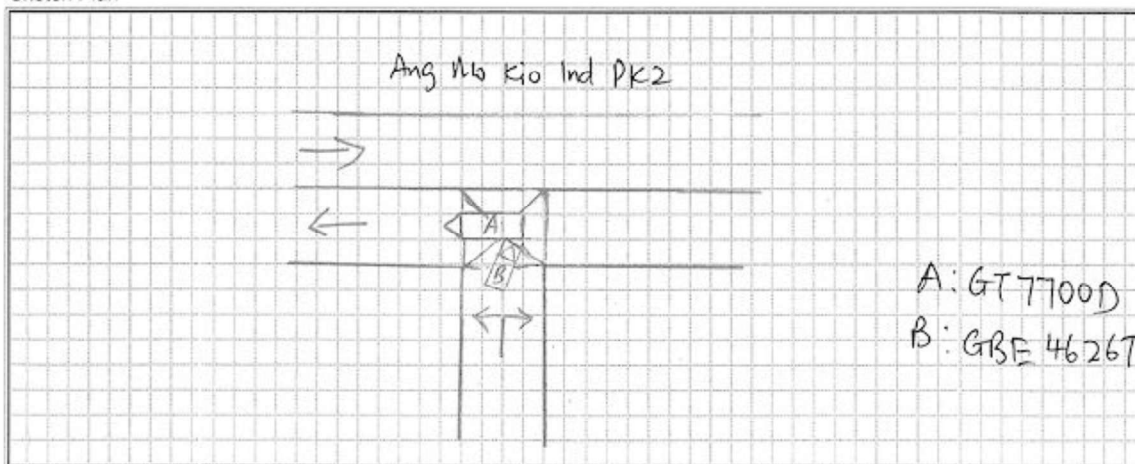
25/4/23
1300pm

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



vJun2022

1

Describe Circumstance of the Accident

I was driving straight along Ang Mo Kio Ind Pk 2. Suddenly, Vehicle B (GBE 46267) from the minor road on my left moved out and collided to my rear left portion causing damage.

Declaration

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



[Signature] 25/4/23
1300pm

Policyholder's Signature / Date & Time

[Signature] 25/4/23
1300pm

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

[Signature]



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



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: SK00234Q0001 Vehicle Registration No: GT7700D
 Name (as shown in NRIC): IN CHUN XIAN NRIC/FIN/Passport No: _____
 (*Vehicle Driver/~~Vehicle Owner~~) (* Please delete as appropriate)
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97791391
 Email Address: MIKEIN9117@GMAIL.COM
 Date of Accident: 25.04.2023 Time of Accident: 10:04HRS
 Place of Accident: ANG MO KIO IND.PK 2
 Insurance Company: Income Insurance 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:

TO AMEND DATE OF ACCIDENT TO :26.04.2023

 Policyholder / Driver's Signature
 Date: 16.05.2023

 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

