SN0723580001 / Income Insurance Limited ENTRY DATE & TIME: 08/05/2023 08:19 (SGT) SUBMITTED BY: Suman Sukumar VERSION: 1 (08/05/2023 08:19 (SGT))



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.

- 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 08/05/2023 08:19 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/05/2023 07:47 (SGT) Exact Location of Accident Singapore Additional Location Information BEDOK NORTH AVENUE 3

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM5081R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GWEE CHUN GUAN NRIC No S8985806B Email Address SHAUNJUNYUAN99@GMAIL.COM Mobile Phone No (Phone) +65-96360732

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Yamaha Model SNIPER T150 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 No - Claiming third party your vehicle?

Vehicle Category Motorcycle Transmission Manual CC 150

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5116792365-02

DRIVER

Name of Driver **GWEE CHUN GUAN** NRIC No. S8985806B Date Of Birth 01/10/1989 Occupation Indoor

Date Of Driving Pass 12/03/2020 Driving experience 3 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-96360732 Alt. Phone Number Email Address SHAUNJUNYUAN99@GMAIL.COM Address BLK 19 #03-140 ST GEORGE'S ROAD Address complement Postcode 320019 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Nο Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 05052023 AT 0747HRS I WAS TRAVELLING ALONG BEDOK NORTH AVENUE 3. THERE WERE 2 LANES. I WAS ON LEFT LANE. AT THE TRAFFIC JUNCTION OF BEDOK NORTH STREET 1, I STOPPED DUE TO RED TRAFFIC LIGHT. WHEN THE LIGHT TURNED GREEN, I CONTINUED STRAIGHT. SUDDENLY A CAR BEARING LICENSE PLATE SLM2941K COLLIDED INTO THE REAR OF MY VEHICLE. I WAS INJURED AND WENT TO CLINIC.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2941K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private hire

Name of Driver	DAMIAN TAN KAR SHENG CHEN JIASEHG
NRIC No	S9311504Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GWEE CHUN GUAN
Gender	Male
Phone No	(Phone) +65-96360732
Address	~
Address Complement	-
Post Code	-
Approximate Age Years Old	34
Injuries Sustained	MEDICAL LEAVE 1 DAY
Injured person in which vehicle?	FBM5081R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident		
REFER TO GEARS FOR ACCIDENT STATEMENT		
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Declaration I/We declare the foregoing particulars are true in every respect.

08/05/2023 0815HRS

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

SUMAN SUKUMAR S990968

Witnessed by Reporting Centre Personnel (Name as in NRICIID card)

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SKETCH PLAN

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- 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.

8. Consent under the Personal Data Protection Act (PDPA)

Landerstand, 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 (at 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:
- tail carrying out and/or dealing with my instructions or responding to any enquiries by met
- try) 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' 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 taxyers/faw firms), which may be sited outside of Singapore, for one or more of the above Pulposes.

08/05/2023 0815HRS

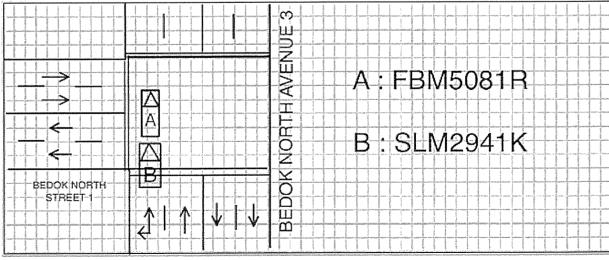
Pulicifications Signature / Date & Time

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

SUMAN SUKUMAR S990968

Witnessed by Reporting Centre Personnel (Nama nain NRIC/ID card)

Skeich Plan



1

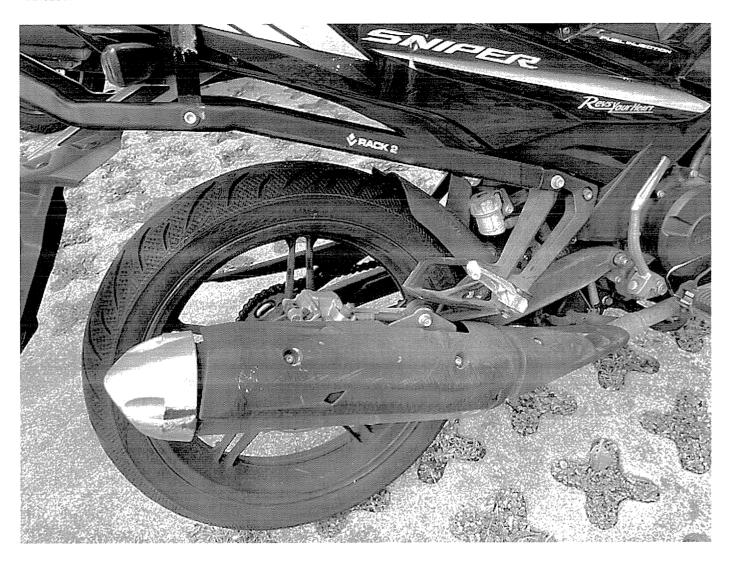




IMAGES #2

















IMAGES #10



