

# 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	29/04/2023 10:45 (SGT)
Reported by	Actual Driver
Date of Accident	28/04/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE, HAVELOCK EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4624H
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAINBOW CARE PTE LTD
Company Reg No	200822869G
Email Address	derick@rainbowcare.com.sg
Mobile Phone No	(Phone) +65-62230904
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	1100

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5109555683-03

### DRIVER

Name of Driver	TEO CHENG YONG
NRIC No	S8908425C
Date Of Birth	09/03/1989
Occupation	Indoor

Date Of Driving Pass ..... 23/02/2010  
 Driving experience ..... 13 YEARS AND 2 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-87695648  
 Alt. Phone Number ..... -  
 Email Address ..... Titusteo89@gmail.com  
 Address ..... 884 TAMPINES STREET 83 #11-67  
 Address complement ..... -  
 Postcode ..... 520884  
 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 ..... Side Swipe  
 Weather Conditions ..... Raining  
 Road Surface ..... Wet

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 ..... -

PASSENGER 1

Name ..... UNKNOWN  
 Gender ..... Male

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

PLEASE REFER TO SKETCH PLAN

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 ..... SMH1858P  
 Vehicle Manufacturer ..... Kia  
 Vehicle Model ..... Cerato  
 Vehicle Variant ..... -

Vehicle Colour ..... Gray  
Vehicle Category ..... Private car  
Name of Driver ..... ONG PENG GEE  
NRIC No ..... S2005066G  
Contact Number ..... (Phone) +65-97421931  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

PASSENGER 1

Name ..... UNKNOWN  
Gender ..... Male

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 29/04/2023 / 10:25

Report No: MT/ \_\_\_\_\_

D.O.A: 28/04/2023  
Time: 12:00 hrs

Vehicle No: GBH4624H Reporting Type: \_\_\_\_\_

**SKETCH PLAN**

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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 report being made available aforesaid.
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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Rainbow Car Pte Ltd  
Reg No 200822869G  
BLK 59 #03-75 ENG HOON STREET  
SINGAPORE 160059  
TEL: (65) 62230509 FAX: (65) 62221519

Policyholder's Signature / Date & Time

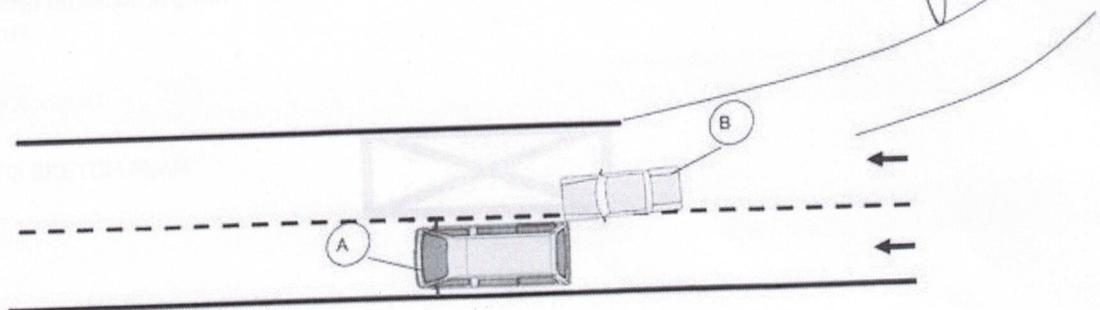
Drivers Signature (If driver is not the policyholder) / Date & Time

29/04/23 / 10:25

Kenneth Kok

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

**Sketch Plan**



CTE TOWARDS SLE, HAVELOCK EXIT

Vehicle A: GBH4624H

Vehicle B: SMH1858P

**Describe Circumstances of the Accident**

I was behind this vehicle that is travelling at around 30km/hr. Suddenly, I felt an impact coming from the rear of my van. I immediately stop my van to see Vehicle B behind me. I can see that the front left of his car bumped into the rear right of my van.

**Declaration**

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

Rainbow Care Pte Ltd  
Reg No 200822869G  
BLK 59 #03-75 ENG HOON STREET  
SINGAPORE 160099 04/23 / 10:25  
Policyholder's Signature / Date & Time  
www.rainbowcare.com.sg

  
Drivers Signature (If driver is not the policyholder) / Date & Time  
29/04/23 / 10:25

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