ASS. REC. BY: REF: SPIC/ 2	3005104/Kn
Kanaga!	
From: Date:  Estimated Cost:  OD VTP/WS/TP RES/OD RES/EVA/INV/MV  To Inspect Vehicle No: at Workshop m/s  of /// 03-09  Insured: 506A  Policy No.  Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:	Veh No: SGU 19817 Yr Regn: 12, 16  Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Mar C180 c.c 1595  Colour M. Gray A/C: Insured / Std / NI / NA  Sp.Reading 12388 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: WDD 20534021= 33328  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: Pok  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: 2-3 days Res.: Yes or No  Lum Sum: / B-/ % 3 Val.: Yes or No	Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F:  R:
Dute/Time, File Return to?  2)  Report Format:	Of Repair:  Vey No. of Trip:  Survey Fee:  Transportative:  Site Insp (\$ ) _ S + RS Si  Interview (\$ ) . Finites
Lump Sum / I.B.I: (S	Tech Invs (\$ ) Others  Weekend (\$ )

COTAL

# 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 27/04/2023 21:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/04/2023 12:18 (SGT) Exact Location of Accident Singapore Additional Location Information EXIT GANTRY LEVEL 1 OF POLICE CANTONMENT COMPLEX Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGU1981T

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DESMOND CHUA WHEE LENG NRIC No S7613506A Email Address DESCHUA76@YAHOO.COM Mobile Phone No (Phone) +65-93377356 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant ..... Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1595

## INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5086324286-06

## DRIVER

Name of Driver DESMOND CHUA WHEE LENG NRIC No S7613506A Date Of Birth 14/05/1976 Occupation Indoor

Date Of Driving Pass 08/07/1997 Driving experience 25 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93377356 Alt. Phone Number Email Address DESCHUA76@YAHOO.COM Address 9 BISHAN STREET 15 #15-15 Address complement Postcode 573909 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 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Tanglin Division Headquaters

(Phone) +65-18003910000

(Fax) +65-63964900

21 Kampong Java Road Singapore 228892

No

# CIRCUMSTANCES OF ACCIDENT

## REFER SKETCH PLAN

## ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

email Income

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number QX2061H
Vehicle Manufacturer Hyundai
Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIA WAI YUEN
Contact Number	(Phone) +65-91148541
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	3

#### SKETCH PLAN

#### 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.
- 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 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.
- 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

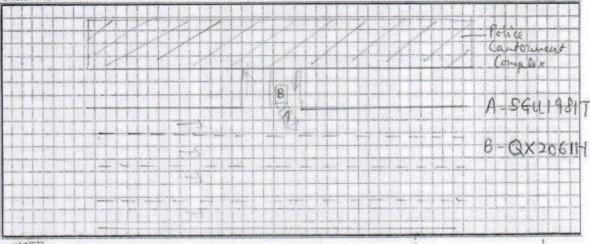
Policyholder's Signature / Date & Time

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

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

TEL: 6452 7018





~	ce of the Acci	dent			
Refer	attac	<u>L.J.</u>	Pelice	Hyport	
	dain	<u>a</u> d	Other	Warkshop.	
		***************************************		*	
	***************************************	***************************************			
	000000000000000000000000000000000000000	***************************************			
······································					
***************************************		**************************************			
		***************************************	teres		
			**************************************		
***************************************	***************************************				
		****************			
		***************************************			
***************************************		***************************************	*************************************		····
***************************************		***************************************	***************************************		
****	***************************************				
***************************************	······································	***************************************			
		•	***************************************		
······································	***************************************				
***************************************					
***************************************			***************************************		A CONTRACTOR OF THE PARTY OF TH
***************************************		**********************	***************************************		2
****	***************************************	***************************************	**************************************		
***************************************					
	***************************************		***************************************	***************************************	***************************************
***************************************					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
***************************************	***************************************	***************************************			

holder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

