

## 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	05/05/2023 13:06 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 15:30 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	BEACH RD TWDS RAFFLES BLVD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM5413S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SCENE 68 PTE LTD
Company Reg No	202184111C
Email Address	RYANLEAU@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97286006
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Vivaro
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	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125230645-01

#### DRIVER

Name of Driver	LEAU KANGYU RYAN
NRIC No	S9530845G
Date Of Birth	29/08/1995
Occupation	Outdoor

Date Of Driving Pass	21/08/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97286006
Alt. Phone Number	-
Email Address	RYANLEAU@HOTMAIL.COM
Address	11F RICHARDS PLACE
Address complement	-
Postcode	546333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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 - Change/cross lane
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

ON 15/04/2023 AT ABOUT 1530HRS AT AFTER BEACH ROAD AND BRAS BASAH ROAD TOWARDS RAFFLES BOULEVARD. I WAS TRAVELLING ON THE FOURTH LANE ON THE ABOVE MENTIONED ROAD AND SUDDENLY, A VEHICLE B FROM MY LEFT VEERED INTO MY LANE WITHOUT CAUTIOUS AND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO THE LEFT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I WISH TO STATE THAT I REPORTED LATE AS I WENT OVERSEAS ON 16/04/2023 AND JUST CAME BACK.

#### 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	SH7425U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	3

## SKETCH PLAN

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4. The issuance 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. The report will be forwarded by the insurers of the RIA Roadside 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 signing of this report to the insurers, you hereby consent to the forwarding of this report to the Centre and to copies of this report being made available elsewhere.

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

I understand, acknowledge, agree and consent that:

- (a) The RIA, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to insurers and/or insurers' authorised representatives involved in this accident (all covered) who have initiated and/or involved in this accident and/or 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 purposes 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 my enquiries by me;
  - (iv) administering my claims including the making 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 insurers who have intervened in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) The Personal Information may also be disclosed by any of the insurers and/or GIA to their third party service providers or agent(s) including their lawyer(s) (firm) which may be located outside of Singapore, for one or more of the above Purposes;
- (d) My Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) The information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators and enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



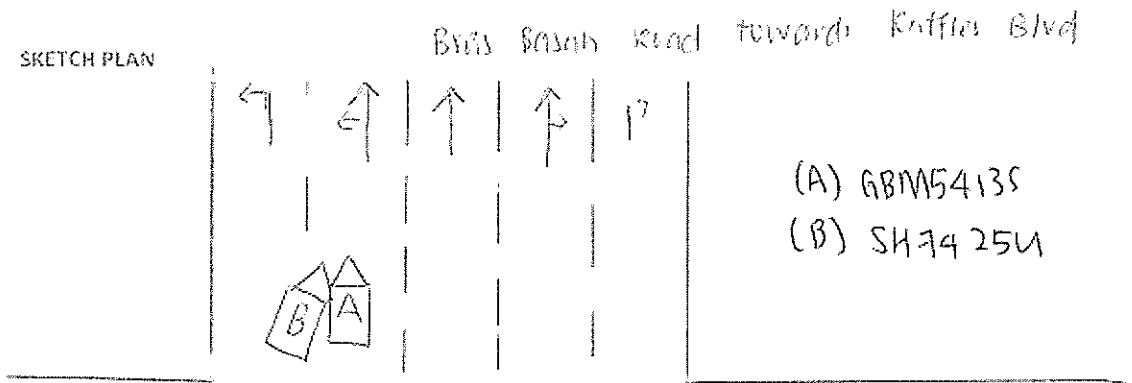
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre (Personnel's Signature  
Name  
NRIC/IDN No

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax  
Signature \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/04/2023 at about 1530hrs at after Beach Road and

Bras Basah Road towards Raffles Blvd. I was travelling on the

fourth lane on the above mentioned road and suddenly, a vehicle (B)

from my left veered into my lane without cautions and without

checking his blindspot and hit onto the left portion of my vehicle (A)

causing damages to my vehicle. I wish to state that I

reported later as I went overseas on 16/04/2023 and just came back,

(A) GBM 5413S

(B) SH 7425U

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information

DECLARATION

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



Reporting Officer's Signature  
Date & Time

Driver's Signature  
(If driver is not the police officer)  
Date & Time

Reporting Officer's Signature  
Name  
NRIC No.