Gia SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report underlinecorrectly 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	07/05/2023 08:49 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2023 13:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE(CITY) BEFORE ALEXANDRA ROAD EXIT. LANE 1&2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5475L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MAPLE DREAM AUTOMOTIVE
Company Reg No	53370482X
Email Address	KATRINEGOH@GMAIL.COM
Mobile Phone No	(Phone) +65-86666960
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108475319-03

DRIVER

Name of Driver	GOH MEIQING (WU MEIQING)
NRIC No	S8612049F
Date Of Birth	30/04/1986
Occupation	Outdoor

Date Of Driving Pass	03/03/2008
Driving experience	15 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86666960
Alt. Phone Number	-
Email Address	GOHMEIQING@GMAIL.COM
Address	BLK 333D #07-145 YISHUN STREET 31
Address complement	-
Postcode	764333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF COMPANY
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)	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	TINA
Gender	Female

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 THE 06052023 AT 1313HRS I WAS TRAVELLING ALONG AYE HEADING TOWARDS CITY. I WAS ON LANE 2. TRAVELLING STRAIGHT IN MY LANE. MOMENTS LATER, I FELT AN IMPACT. STOPPED BY THE SIDE TO INVESTIGATE. AND BASED ON MY VIDEO FOOTAGE EVIDENCE, A VEHILCE BEARING LICENSE PLATE SLT3944J SWERVED FROM LANE 1 INTO LANE 2 AND HIT MY CAR.

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	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT3944J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	EFFIANDY BIN MOHAMAD
NRIC No	S8020842A
Contact Number	(Phone) +65-80103842
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

Describe Circumstance of the Accident

REFER TO GEARS FOR ACCIDENT STATEMENT.

Declaration

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

Reg No.
53370482X

7/5/23
0815HW

Policyholder's Signature / Date & Time

7/5/23
0815HW

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

Suman.S
S990968

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

2

SKETCH PLAN

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

Reg No. 53370482X (stamp) 7/5/23 0815HRS	7/5/23 0815HRS	Simon.S S990968
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

A : SLX5475L

B : SLT3944J

(Sketch labels: AYE (CITY) BEFORE ALEXANDRA ROAD EXIT; vehicles A and B)