

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	29/05/2023 15:39 (SGT)
Reported by	Actual Driver
Date of Accident	26/05/2023 11:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE HEADING TO CAIRNHILL CIRCLE TURNING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2784C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JUE MAN HING SHIP'S LAUNDRY MANAGEMENT SERVICES
Company Reg No	4XXXX300W
Email Address	sales@astoriadrycleaning.com.sg
Mobile Phone No	(Phone) +65-96533779
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0005685_01

DRIVER

Name of Driver	MAHMOOD BIN ISMAIL
NRIC No	SXXXX601G
Date Of Birth	19/11/1964
Occupation	Outdoor

Date Of Driving Pass	19/12/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92339064
Alt. Phone Number	-
Email Address	sales@astoriadrycleaning.com.sg
Address	APT BLK 450D TAMPINES STREET 42
Address complement	# 02-414
Postcode	524450
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	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	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 THE ATTACHED STATEMENT

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	SNH1326X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN SIOK HENG
NRIC No	SXXXX114G
Contact Number	-
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 (PREGNANT LADY)
Gender	Female

SKETCH PLAN

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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.

JUE MAN-HING
SHIP'S LAUNDRY MANAGEMENT SERVICES

1 Claymore Drive, #02-12
Orchard Towers, Singapore 229594
Telephone: 6732 4747

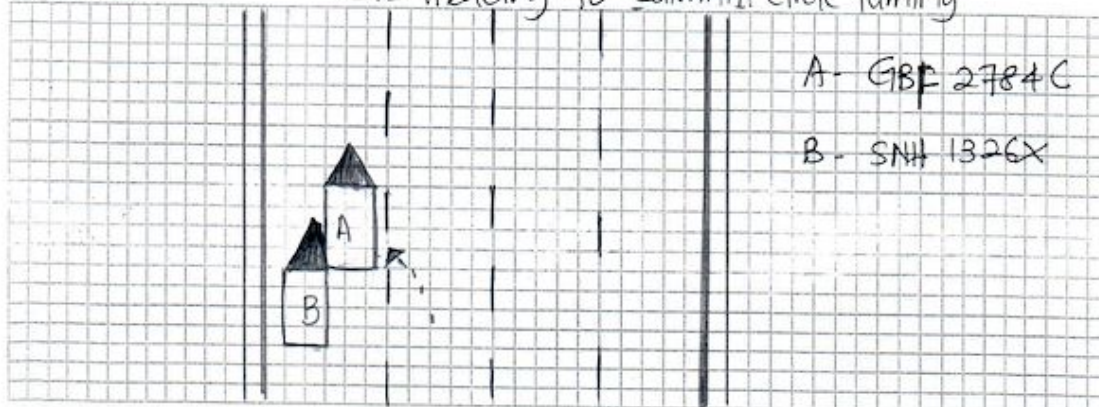
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE Heading to Cairnhill Circle Turning



Describe Circumstance of the Accident

On the above stated date and time, I was driving along CTF heading to Cairn Hill Circle turning. I was travelling on the third lane. I gave signalled to filter into the fourth lane and I checked there was no oncoming vehicle and it was safe to filter in. As I filtered in to the fourth lane, Vehicle B upon seeing my vehicle speed up near my vehicle and his vehicle slides to the rear left side of my vehicle. There was no severe damage to my vehicle only a black mark is obtained.

Declaration

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

THE MAN-HING
SHIP'S LAUNDRY MANAGEMENT SERVICES

1 Claymore Drive, #02-12

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

Telephone 6732 4747 / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

















