

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 | 17/03/2023 18:05 (SGT) |
| Reported by | Driver |
| Date of Accident | 16/03/2023 18:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLIP RD (TAMPINES AVE 12 TO TPE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YQ3112E |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TOPMAST ENGINEERING PTE LTD |
| Company Reg No | 200915138K |
| Email Address | anita_zhou@topmast.com.sg |
| Mobile Phone No | (Phone) +65-94756407 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | CANTER FEB21ER4SDEN (CBU) |
| 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 | 2998 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5109431777-03-000006 |

DRIVER

| | |
|-----------------------|--------------|
| Name of Driver | HASAN MAHEDY |
| Passport No/FIN | G8386877K |
| Date Of Birth | 10/05/1984 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 10/02/2015 |
| Driving experience | 8 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-92719412 |
| Alt. Phone Number | - |
| Email Address | anita_zhou@topmast.com.sg |
| Address | - |
| Address complement | - |
| Postcode | - |
| 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 | 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 8 |
| 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 | WORKER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|--------|
| Name | WORKER |
| Gender | Male |

PASSENGER 3

| | |
|--------------|--------|
| Name | WORKER |
| Gender | Male |

PASSENGER 4

| | |
|--------------|--------|
| Name | WORKER |
| Gender | Male |

PASSENGER 5

| | |
|--------------|--------|
| Name | WORKER |
| Gender | Male |

PASSENGER 6

| | |
|--------------|--------|
| Name | WORKER |
| Gender | Male |

PASSENGER 7

| | |
|--------------|--------|
| Name | WORKER |
| 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

REFER ATTACHED

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 SKC3651E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver NG CHUN KIAT
 NRIC No S8118714B
 Contact Number (Phone) +65-88941948
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person BISWAS BISHWAJIT (WORKER)
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained REFER SKETCH
 Injured person in which vehicle? YQ3112E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

VEH NO : YQ3112E

INSURER : Income

DATE OF ACC : 16/03/23 6:50pm

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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.



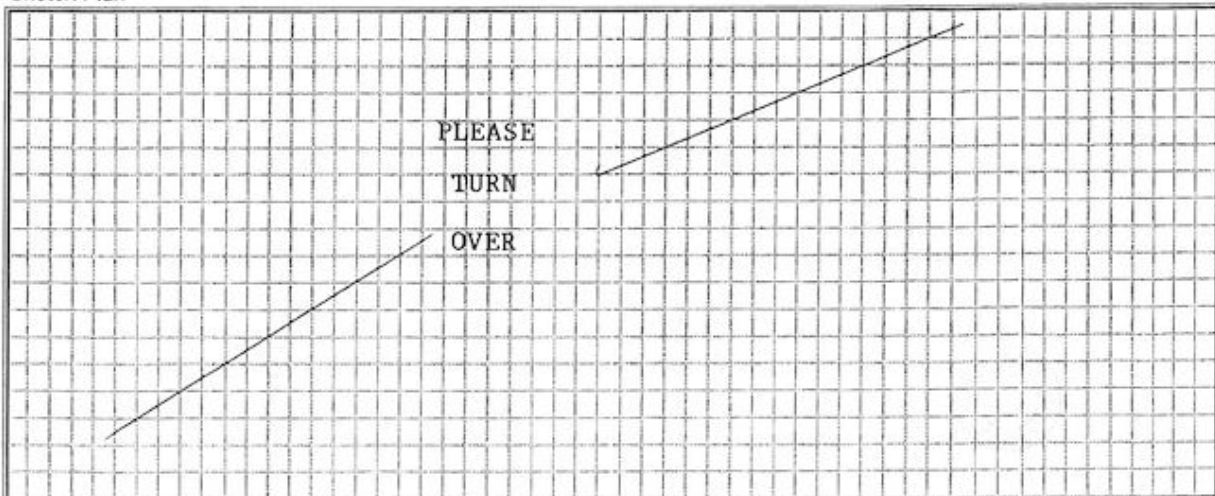
Policyholder's Signature / Date & Time

[Signature]

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

(YS) *[Signature]* 17/03/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



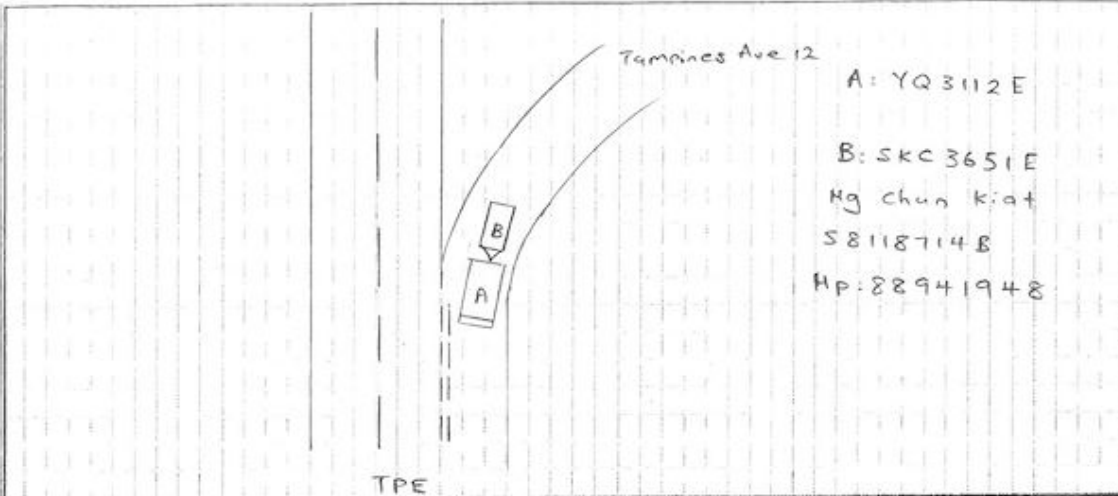
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (/) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



DoA: 16/03/23 6:50pm

Front vehicle stop and I slow down SKC3651E hit my rear portion.

One of my passenger suffer abrasion and might consult doctor.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

(YS) 17/03/23

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















Galaxy Note20 Ultra 5G



Galaxy Note20 Ultra 5G

