SN07234F0007 / Income Insurance Limited ENTRY DATE & TIME: 15/04/2023 11:21 (SGT) SUBMITTED BY: Ahmad Sufiyan Assuri Bin Mustaffa VERSION: 1 (15/04/2023 11:21 (SGT))



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

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 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	MORKET SEE STRUCK
Date of Submission Reported by Date of Accident ct Location of Accident Auditional Location Information Country/State of Loss	15/04/2023 11:21 Actual Driver 13/04/2023 12:00 Singapore 220 VERDE VIEW Singapore	(SGT)
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	SLB7894M	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes ABSOLUT CAR LE 201428763R ABSOLUTCARLE (Phone) +65-9188	ASING1987@GMAIL.COM
VEHICLE PARTICULARS		
Manufacturer Model 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? Vehicle Category Transmission CC	Toyota COROLLA ALTIS - Private use No - Claiming third Private hire Auto 1600	d party
INSURANCE COMPANY		
Name of Insurance Company Policy Number / Cover Note Number DRIVER	Income Insurance 5113277718-03	Limited
Name of Driver NRIC No Date Of Birth	LEONG WEI JIE S8945252Z 18/12/1989	

Outdoor

Date Of Driving Pass	01/03/2011
Driving experience	The second secon
	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92396177
Alt. Phone Number	-
Email Address	LWJ_RULZS@HOTMAIL.COM
Address	
	BLK 117 TECK WHYE LANE
Address complement	#06-732
Postcode	680117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
	Hirer
	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	
	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
	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)	0
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	
The second secon	
Translator's email	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Ne
	No
Was notice of intended Prosecution given?	No
If yes, against whom?	4
CIRCUMSTANCES OF ACCIDENT	
Since the first of the second	
ON THE SAID DATE AND LOCATION MY CAR WAS PARKED S'	TATIONARY OUTSIDE THE HOUSE UNIT WHEN I WAS JTSIDE. AS I WENT TO RETRIEVE MY CAR I SAW THERE WAS
	PRIVER OF THE OTHER CAR WAS ON SCENE. THE SAID DRIVER
INFORMED ME THAT HE LOST FOCUS AND ACCIDENTALLY H	
THE OF WILL THAT THE EOST TOOOS AND ACCIDENTALLY	III IIVTO IVIT CAN, TI ENE VVAS NO INJURY IN THIS CASE.
ATTACHMENT(S)	
Are accident photos available for attachment?	V
	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBG3437T
Vehicle Manufacturer	
Vehicle Model	
	*
	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver NRIC No Contact Number	MOHAMMAD ARIF BIN RASHDI S8441692D (Phone) +65-96329483
Address	_
Address complement	_
Postcode ,	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

IMPORTANT NOTICE

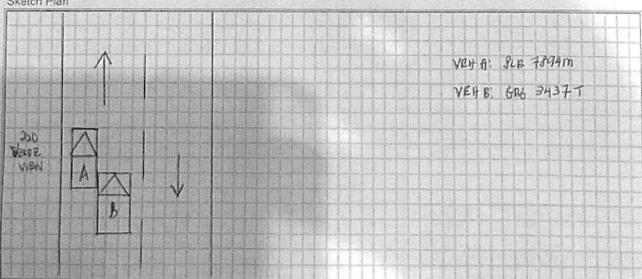
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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.
- 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 towyers/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
- (v) complying with applicable law in administering, processing, handing 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.

MIC 15/14/2023 1125/11 2011 15 04 2003 1125 hts -though depart of the B made graph es by Reporting Centre Personnel Driver's Signature (if driver is not the policyholder) / Date as in NRICID card)

Sketch Plan



escribe Circumstance of the Accident		esperant and a second a second and a second
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		100 mg
Declaration		

15 15 1 2075 11251745

SPM Driver's Signal (Je (if driver is not the policyholder) / Date & Time

Manual Adval Spa & Rushitta Without 3 by Reporting Centre Personnel (Name as in NRIC/ID card)

