

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 12/06/2023 11:12 (SGT)
Reported by Actual Driver
Date of Accident 10/06/2023 08:17 (SGT)
Exact Location of Accident Choa Chu Kang, Singapore
Additional Location Information CHUA CHU KANG LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3791A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KAT TRANSPORTATION & TRADING
Company Reg No 53078397E
Email Address INFO@ADVAN.SG
Mobile Phone No (Phone) +65-96701824
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer King Long
Model XMQ6117K
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 Bus
Transmission Manual
CC 6700

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5133800428

DRIVER

Name of Driver ZHANG CHENG
Work Permit No G8660517T
Date Of Birth 08/04/1978
Occupation Outdoor

| | |
|--|-----------------------|
| Date Of Driving Pass | 05/11/2021 |
| Driving experience | 1 YEAR AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98832133 |
| Alt. Phone Number | - |
| Email Address | INFO@ADVAN.SG |
| Address | 1 TAMPINES NORTH DR 1 |
| Address complement | 08-66 |
| Postcode | 528559 |
| 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) | 15 |
| 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 |

PASSENGER 8

Name WORKER
Gender Male

PASSENGER 9

Name WORKER
Gender Male

PASSENGER 10

Name WORKER
Gender Male

PASSENGER 11

Name WORKER
Gender Male

PASSENGER 12

Name WORKER
Gender Male

PASSENGER 13

Name WORKER
Gender Male

PASSENGER 14

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

AS PER SKETCH PLAN ATTACHED

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 FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB3614U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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7. By the lodgment 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.
 - (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, law 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

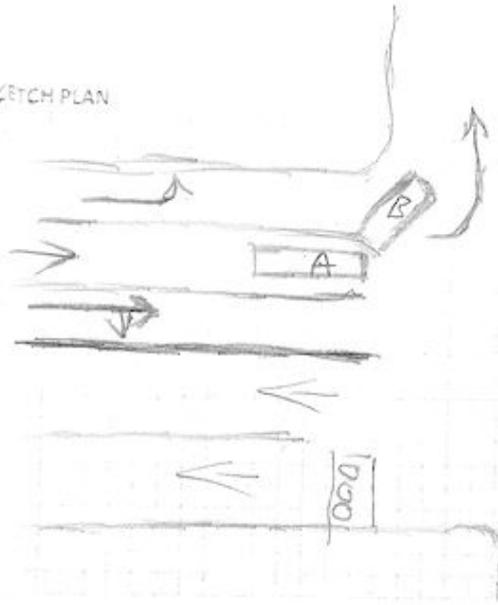
[Handwritten Signature]

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



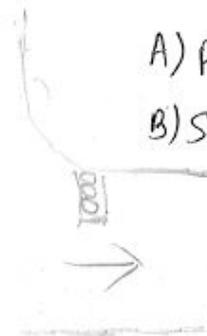
Reporting Centre Personnel's Signature
Name: *[Handwritten Signature]*
NRIC/PIN No.: 12/06/23

SKETCH PLAN



A) PC 3791A

B) SMB 3614U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

B车在左转弯时 车右后面撞到 A车的左后视镜



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

Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

