

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	21/06/2023 12:29 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 201D TAMPINES ST 23 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2554K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M.R TRASPORTATION
Company Reg No	53348286X
Email Address	ACITZDANIAL1982@GMAIL.COM
Mobile Phone No	(Phone) +65-87485509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

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

DRIVER

Name of Driver	ISKANDAR BIN MOHAMED
NRIC No	S7249851H
Date Of Birth	03/11/1972
Occupation	Outdoor

Date Of Driving Pass	30/12/2002
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84489659
Alt. Phone Number	-
Email Address	SKEZETS@GMAIL.COM
Address	BLK 224 TAMPINES ST 23 #01-231
Address complement	-
Postcode	521224
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
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	-

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 TO SKETCH PLAN

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	SHD6619K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	MUNIR BIN SULAIMAN
NRIC No	S1161706I

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR BUMPER RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ISKANDAR BIN MOHAMED
Gender	Male
Phone No	(Phone) +65-84489659
Address	BLK 224 TAMPINES ST 23 #01-231
Address Complement	-
Post Code	521224
Approximate Age Years Old	-
Injuries Sustained	SPRAIN ON NECK,LOWER BACK AND SHOULDER
Injured person in which vehicle?	SLJ2554K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/06/2023 / 12:16

Report No: MT/

D.O.A: 21/06/2023

Vehicle No: SU2554K

Reporting Type:

Time: 09:35 hrs

SKETCH PLAN**IMPORTANT NOTICE**


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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.

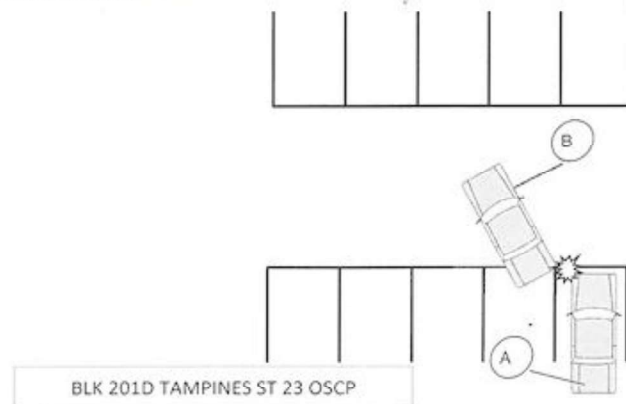

 21/06/23 12:16
 Policyholder's Signature / Date & Time

Sketch Plan


 21/06/23 / 12:16
 Driver's Signature (if driver is not the policyholder) / Date & Time

Chen JunLiang

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



Vehicle A: SU2554K

Vehicle B: SHD6619K

Describe Circumstances of the Accident

MY VEHICLE WAS PARKED INSIDE ONE CARPARK LOT INSIDE BLK 201D TAMPINES ST 23 OSCP. I WAS INSIDE MY CAR TRYING TO TOP UP MY CASHCARD. VEHICLE B WAS REVERSING INTO ONE CARPARK LOT (BESIDE MY VEHICLE), AND HIT ONTO MY VEHICLE FRONT LEFT BUMPER, CAUSING THE BOTH LEFT AND RIGHT SIDE BUMPER CLIPS TO BREAK. BOTH DRIVERS THEN TOOK PHOTOS OF THE VEHICLE AND NRIC. WE LEFT AFTERWHICH.

Declaration

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



 21/06/23 / 12:16
 Policyholder's Signature / Date & Time


 21/06/23 / 12:16
 Driver's Signature (if driver is not the policyholder) / Date & Time

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











