

# 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 ..... 13/07/2023 16:14 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 13/07/2023 08:03 (SGT)  
Exact Location of Accident ..... Canberra Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK6281J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HUP LEK TRADING  
Company Reg No ..... 40863200C  
Email Address ..... ANDY.LEE@PAS.SG  
Mobile Phone No ..... (Phone) +65-92366363  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5123336626-01

### DRIVER

Name of Driver ..... ONG AH NEE  
NRIC No ..... S2098584D  
Date Of Birth ..... 01/01/1943  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/02/1961
Driving experience .....	62 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91994358
Alt. Phone Number .....	-
Email Address .....	ANDY.LEE@PAS.SG
Address .....	BLK128B CANBERRA ST
Address complement .....	#06-522
Postcode .....	752128
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

AS PER SKETCH PLAN 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 .....	SMJ5771T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEO
Contact Number .....	(Phone) +65-97517514

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

1. This report shall be submitted to the Reporting Centre (RC) within 14 days of the date of the accident.
2. This Form must be submitted by the insured/insurer to the nearest Police Station.
3. Information provided must be as truthful and accurate as possible. Any other insurance provider or vehicle owner involved in the accident must provide information to respective police stations.
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. THIS FORM MUST BE SUBMITTED TO THE Traffic Police Department for Singapore.
6. This report will be forwarded by the insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and full copies of this report will be made available upon application by interested parties.
7. By the signature of this report at the bottom, you hereby consent to the inclusion of this report at the centre and to copies of the report being made available elsewhere.

9. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (i) 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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (b) investigating the accident and/or my claims;
  - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (d) administering my claims (including the making 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
  - (e) 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' lawyer/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 lawyer/law firms), which may be cited outside of Singapore, for one or more of the above Purposes.

合利貿易  
HUP LEK TRADING

王亞細

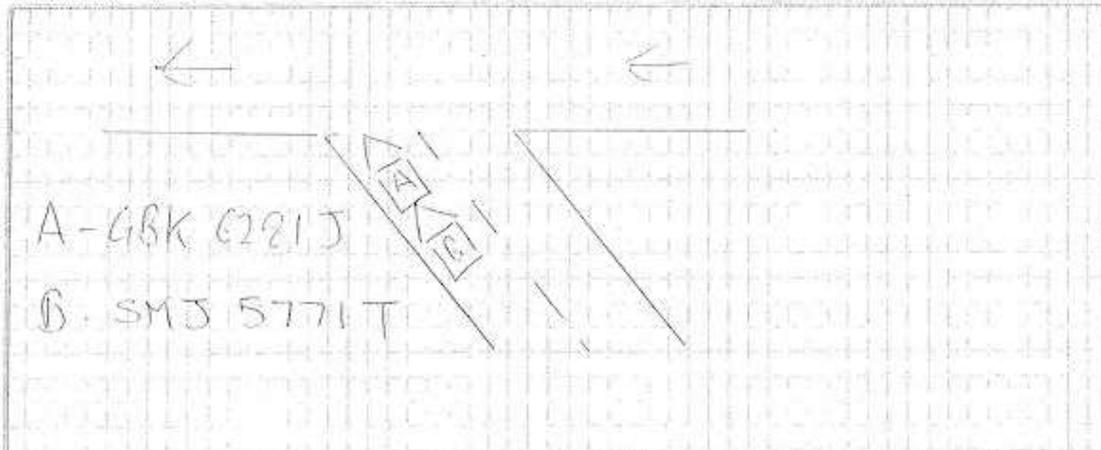


Policyholder's Signature (Date & Time)

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

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

Sketch Plan



v2uc092

Describe the circumstances of the incident

My vehicle stationary - waiting for  
traffic to clear - suddenly heavy impact  
from rear vehicle B hit onto my vehicle  
rear SPT 57711 hit onto my vehicle rear =

Declaration

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

合利貿易  
HUP LEK TRADING

王重輝



Policyholder's Signature / Date & Time

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

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