

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) -

附錄一：聲明

1. 聲明書 (Statement)

1. 此份報告書必須以誠實及客觀態度填寫, 不得有欺騙成份。
2. 此份聲明書必須由報案人簽名, 否則無效。
3. 資料不實或遺漏, 或作虛假陳述, 或作虛假指證, 均屬欺騙行為, 保險公司可拒絕賠償。
4. 保險公司及接受此份聲明書, 並不表示保險公司承認其有保險責任。
5. 任何虛假報告, 均可被轉交交通警務處調查。
6. 此份報告書將由保險公司向新加坡保險業協會 (GIA) 的資料管理處 (Records Management Centre) 存檔, 該處將向有關人士提供此份報告書的副本。
7. 你同意將此份報告書的副本, 交予該處存檔, 並同意該處將此份報告書的副本, 向有關人士提供。

2. 同意書 (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 cited outside of Singapore, for one or more of the above Purposes.

合利貿易
HUP LEK TRADING

王亞細

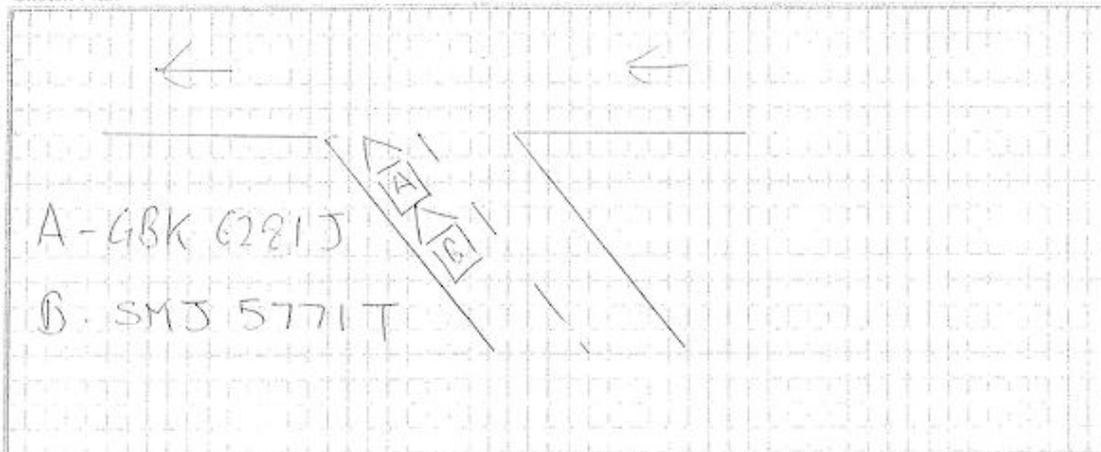


Policyholder's Signature / Date & Time

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

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

Sketch Plan



v3.0a2022

Describe Circumstances of the Accident

My vehicle stationary : waiting for
traffic to clear : suddenly heavy impact
from rear vehicle B hit onto my vehicle
rear. SMD 5771T hit onto my vehicle rear.

Declaration

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

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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)









