

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	12/07/2023 21:23 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS BEDOK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8788R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG YONGCAN
NRIC No	G3835703X
Email Address	Woshiyihonggary@gmail.com
Mobile Phone No	(Phone) +65-81135068
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137318314

DRIVER

Name of Driver	TEE YI HONG
NRIC No	S8928200D
Date Of Birth	22/08/1989
Occupation	Indoor

Date Of Driving Pass	11/08/2020
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81135068
Alt. Phone Number	-
Email Address	Woshiyihonggary@gmail.com
Address	371 HOUGANG STREET 31
Address complement	#08-31
Postcode	530371
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Wet

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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving along ECP towards Bedok exit on the 3rd lane. While following the traffic ahead suddenly the vehicle ahead of me started to slow down and came to a stop. So I slow down my vehicle and came to a stationary position, when suddenly I felt an impact coming from my rear vehicle and discovered that the 3rd party had collided onto my vehicle. I managed to take some photos and exchange details with the driver. No injuries was involved at the scene. I'm not sure if my vehicle had hit onto the 1st vehicle or not, as after the impact happened the driver of the 1st vehicle came out from his vehicle and immediately left the scene after he had inspect his vehicle.

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	GBJ5358J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ADI WIJAYA BIN MOHD IDRUS
Contact Number	(Phone) +65-80220684
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

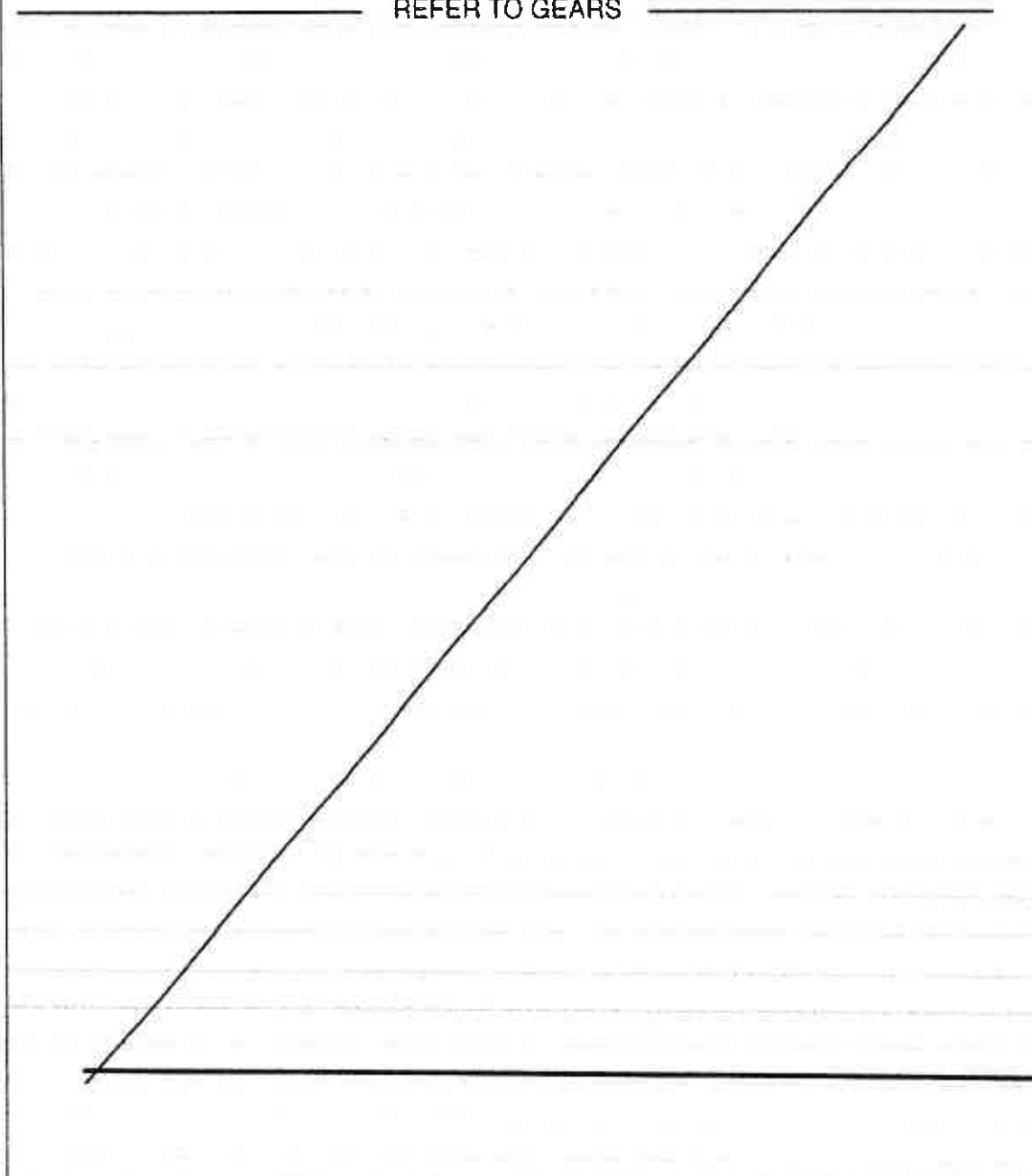
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

Sketch Plan

<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 40%; width: 10%; height: 10%; border: 1px solid black; text-align: center; line-height: 10px;">A</div> <div style="position: absolute; top: 15%; left: 40%; width: 10%; height: 10%; border: 1px solid black; text-align: center; line-height: 10px;">B</div> </div>	<p style="font-size: 1.2em; margin: 0;">A- SNE8788R</p> <p style="font-size: 1.2em; margin: 0;">B- GBJ5358J</p> <p style="margin-top: 50px;">ECP BEFORE BEDOK EXIT</p>
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Describe Circumstance of the Accident

REFER TO GEARS



Declaration

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

Policyholder's Signature / Date & Time

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

12/07/2023
15:04hrs

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

Muhammad Sumardi Bin Mohd Afandi
S995530

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> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 Jul 2023 / 15:20:45

Receipt Date/Time : 14 Jul 2023 / 15:20:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230714-002486

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBJ5358J As at 11 Jul 2023/19:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBJ5358J Enquiry Fee 20230714152001927242	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
DICNV20230714152003307131		SGQR(PayNow)		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.