

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	17/07/2023 15:05 (SGT)
Reported by	Actual Driver
Date of Accident	15/07/2023 13:00 (SGT)
Exact Location of Accident	7 Airline Rd, Singapore 819834
Additional Location Information	.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1484U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VCK-VANUATU AIR SINGAPORE PTE LTD
Company Reg No	199501539G
Email Address	amy@vckvan.om.sg
Mobile Phone No	(Phone) +65-65423911
Alternative Phone No	.

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Manual
CC	7545

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111442208-03

DRIVER

Name of Driver	TYE SIANG CHYE (ZHENG XIANGCAI)
NRIC No	S7615310H
Date Of Birth	28/05/1976
Occupation	Outdoor

Date Of Driving Pass	25/05/1998
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90994333
Alt. Phone Number	-
Email Address	danieltye39@gmail.com
Address	707 BEDOK NORTH ROAD #11-3392
Address complement	-
Postcode	470707
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

ON THE STATED DATE AND TIME, MY VEHICLE WAS PARKED AT 7 AIRLINE ROAD #02-21, CARGO AGENTS BUILDING E, CHANGI AIRFREIGHT CENTRE. VEHICLE B (XE4384E) REVERSED AND HIT ONTO MY VEHICLE. HE THEN INFORM OUR COMPANY THAT HE HAD HIT ONTO OUR 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	XE4384E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver SUMARI BIN ABU BAKAR
 NRIC No S1461974G
 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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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 purposes 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).

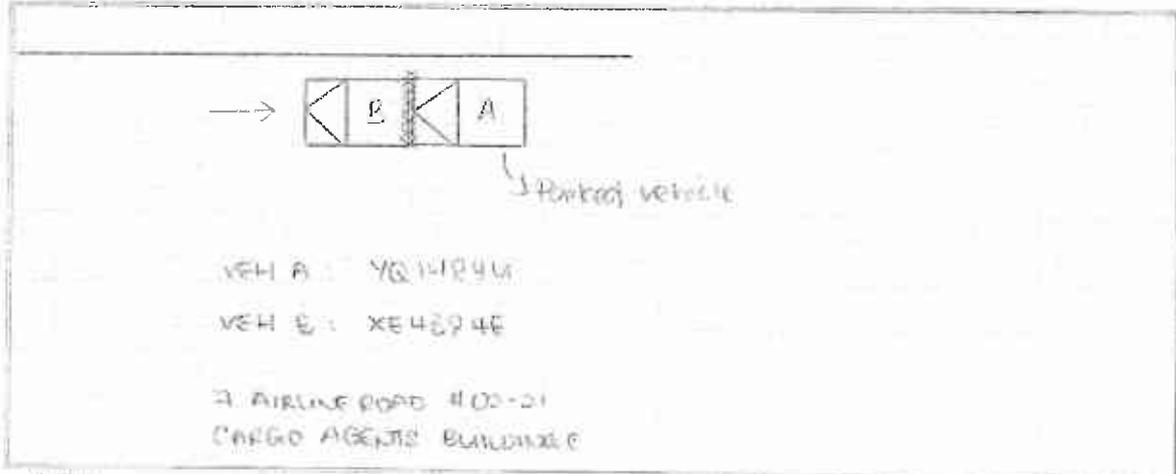
Policyholder's Signature / Date & Time

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

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



Sketch Plan



WJH02022

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