

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 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI BUSINESS PARK VISTA SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK249T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIX FOUR PTE. LTD.
Company Reg No	201614044D
Email Address	DAVID.AW@SIXFOURCOFFEE.COM
Mobile Phone No	(Phone) +65-84269229
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131889770

DRIVER

Name of Driver	DAVID AW HON HUA
NRIC No	S7988960A
Date Of Birth	16/05/1979
Occupation	Outdoor

Date Of Driving Pass	25/02/2009
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84269229
Alt. Phone Number	-
Email Address	DAVID.AW@SIXFOURCOFFEE.COM
Address	470A FERNVALE LINK #03-412
Address complement	-
Postcode	791470
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)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLS4736S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Refer to police report.

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

*



*

[Handwritten signature]

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

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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.

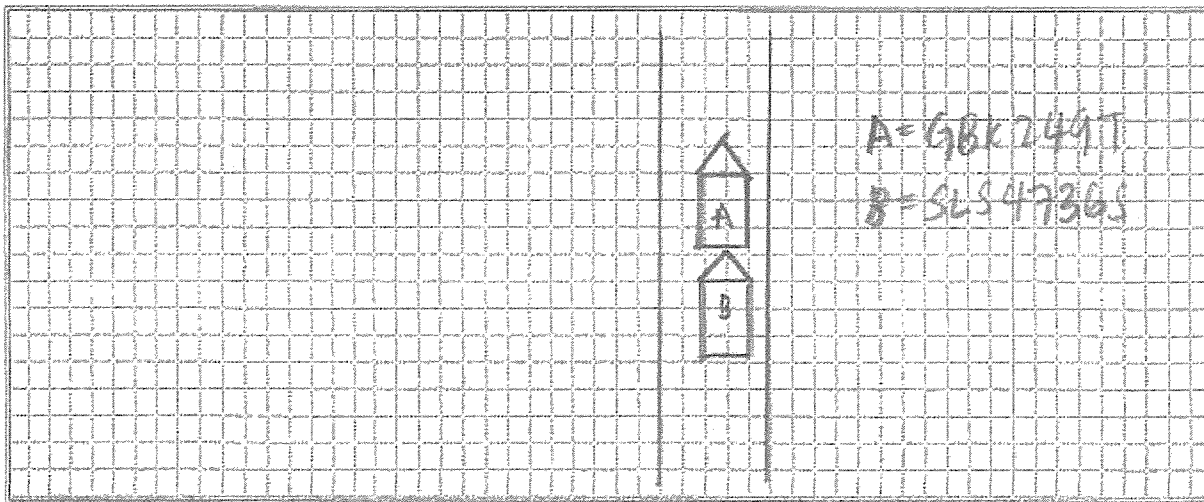


Policyholder's Signature / Date & Time

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



v3/m2022

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**SINGAPORE
POLICE FORCE**



J/20230707/2042

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POLICE REPORT (NP299)

Report No. J/20230707/2042

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 07/07/2023 13:16		Vide Report No.		Station Diary No. 44	
Name Of Informant DAVID AW HON HUA		Address APT BLK 470A FERNVALE LINK #03-412 SINGAPORE 791470			
ID Type / ID No. NRIC NO / S7988960A		Contact No. Home/Office Mobile 84269229			
Nationality MALAYSIAN		Email Address			
Occupation TECHNICIAN		Sex Male	Age 44	Date of Birth 16/05/1979	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 06/07/2023 15:40		Location Of Incident CHANGI BUSINESS PARK VISTA SINGAPORE Changi Business Park Vista towards Changi Business Park Crescent			

Brief details.

On 06/07/2023 at about 1539hrs, I was driving my van (GBK249T) on the 1st lane of the 4 lane road along Changi Business Park Vista towards Changi Business Park Crescent. While I was at the T-Junction of Changi Business Park Vista and Changi Business Park Crescent, I noticed the traffic light was red and there was a car ahead of me. While waiting for the 'turn right arrow' to turn green, the car in front inched forward a little hence, I inched forward as well. However, I then realized that the traffic light was still red

Signature Of Officer Recording The Report: J / SGT 3 NURSHUHADAH BINTE SULAIMAN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 07/07/2023 13:16	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Ang Teck Ming, Alan Contact No.: 67910000		Classification Of Case:	



**SINGAPORE
POLICE FORCE**



J/20230707/2042



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230707/2042

thus I applied my breaks. Out of a sudden, I felt an impact from the rear of my van. A car (SLS4736S) had collided onto the left rear portion of my van. The driver and I subsequently alighted our vehicle to assess the damages and exchanged particulars. No one was injured. No government property damaged. I have an in-vehicle camera installed in my van however I am unsure if it is in working order. I was advised by my company to lodge a report for record purpose and insurance claim purposes.

Signature Of Officer Recording The Report: J / SGT 3 NURSHUHADAH BINTE SULAIMAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2023 13:16
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Ang Teck Ming, Alan Contact No.: 67910000	Classification Of Case: