

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	14/07/2023 16:20 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 12:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE > ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6544K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JF RAINMAKER
Company Reg No	5XXXX271K
Email Address	limchoonpoh@gmail.com
Mobile Phone No	(Phone) +65-98336737
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123827408-01

DRIVER

Name of Driver	LIM CHOON POH
NRIC No	SXXXX180D
Date Of Birth	23/09/1968
Occupation	Outdoor

Date Of Driving Pass	23/02/1987
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96317976
Alt. Phone Number	
Email Address	limchoonpoh@gmail.com
Address	BLK897 TAMPINES STREET 81
Address complement	#02-822
Postcode	520897
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	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On the state date and time, I was traveling along CTE towards Amk ave 1 on lane 2 with my grab passenger as I was working. As the traffic is heavy I proceed to slow down in my lane, suddenly vehicle b (GBC2665D) bang into the rear portion of my vehicle causing damage.

After the accident, I am not feeling well and consulted the doctor and was given 3 days MC.

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	GBC2665D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHOON POH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLT6544K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- § Consent under the Personal Data Protection Act (PDPA)**

(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**);

(c) **any 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**

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

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

VHFA - 3176544X




VHFB - GB(2665D)

PIC - 908000-4236-10700

<p>Describe Circumstance of the Accident</p> <p>REFER TO GIA REPORT</p>					
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Reporting Only</td> </tr> <tr> <td style="padding: 2px;">Claim OD</td> </tr> <tr> <td style="padding: 2px;">Claim TP</td> </tr> <tr> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Claim OD/TP at other workshop </td> </tr> </table>	Reporting Only	Claim OD	Claim TP	<input checked="" type="checkbox"/> Claim OD/TP at other workshop
Reporting Only					
Claim OD					
Claim TP					
<input checked="" type="checkbox"/> Claim OD/TP at other workshop					

Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (If driver is not the policyholder) / Date & Time	  Witnessed by Reporting Officer Personnel (Name as in NRIC/ID card)
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