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SL0P248K0003 / Lee Sheng Auto Pte Ltd ENTRY DATE & TIME: 20/08/2024 12:59 (SGT) SUBMITTED BY: Kuah Lay Hoon VERSION: 1 (20/08/2024 12:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding 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 First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/08/2024 12:59 (SGT) Both Policyholder and Actual Driver 20/08/2024 05:18 (SGT) CTE, Singapore CTE TOWARDS CITY BEFORE BRADDELL ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNC1399L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes PRIME CAR LIMO PTE LTD 201826883W supremeleasingsg@gmail.com (Phone) +65-86838000

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Toyota

Corolla

Private hire

Private hire

Auto

1797

Petrol

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number ZWE2116055455

Income Insurance Limited 5119549919-03-000056

DRIVER



Name of Driver NRIC No Date Of Birth Occupation

Driving Pass Date

Driving License Pass Class
Driving License Validity

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

TAN LAY KHENG

\$7221182J 16/06/1972 Outdoor 16/07/1993

3 Valid

31 YEARS AND 1 MONTH

Female

(Phone) +65-96352656

_

supremeleasingsg@gmail.com

BLK 585 WOODLANDS DRIVE 16 #06-76

-

S 730585

No Hirer

No

-

Collision - Head to Rear

Clear

Dry

No

2 Yes

No Yes

2

No

140

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-

No

No

UNKNOWN Female

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV3142X Vehicle Manufacturer Toyota Vehicle Model C-hr Vehicle Variant Vehicle Colour

Vehicle Category Private hire

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 TAN LAY KHENG Gender Female

Phone No (Phone) +65-96352656

Address BLK 585 WOODLANDS DRIVE 16 #06-76

Address Complement Post Code S 730585

Approximate Age Years Old 52

Injuries Sustained

Injured person in which vehicle? SNC1399L Were seat belts worn?

Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN Gender Female Phone No Address

Address Complement Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle? SNC1399L

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

ORTANT NOTICE

- 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 wiful 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 Traffic Police Department for investigation.

- 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, involces, 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')

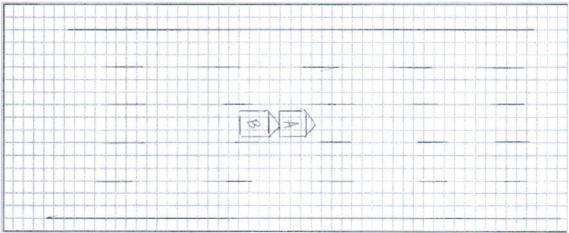
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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 Sighature 4Date & Time

Actual Driver's S policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

on 20/08/2014 at about 05/8 hrs at along CTE towards City before Braddell Road Exit. I was travelling on the 3rd lane from the right and suddenly I heard a lond bang from the near and when I alighted. I realized that it was vehicle (B) who list outo the near portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have I passenger inside my vehicle. After the accident, I felt unwell and will consuff a doctor later. vehicle (A) : SNC 1399L Vehicle (b) = SLV 3142X

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)

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