

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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 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 17/10/2024 15:38 (SGT) Reported by **Actual Driver** Date of Accident 17/10/2024 10:50 (SGT) **Exact Location of Accident** Singapore Additional Location Information SIN MING DR TOWARDS SIN MING AVE (OUTSIDE SIN MING VICOM) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Diesel

Vehicle Registration Number GBD150E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NW BATTERIEN TRADING ENTERPRISE PTE LTD Company Reg No 201019076D **Email Address** JEFTANYIYANG@NAMWAH.COM.SG Mobile Phone No (Phone) +65-98216625 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle?

Vehicle Category Goods vehicle Transmission Manual CC 2982

Vehicle Fuel First Regisration Date Chassis no

KDY2318014811 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number 2024-V5018560-VCV

DRIVER

Name of Driver	LU DI
Passport No/FIN	G8511944W
Date Of Birth	16/03/1987
Occupation	Outdoor
Driving Pass Date	17/11/2017
Driving License Pass Class	3
	Valid
Driving License Validity	6 YEARS AND 11 MONTHS
Driving experience	
Gender	Male
Mobile Number	(Phone) +65-92373162
Alt. Phone Number	2
Email Address	JEFTANYIYONG@NAMWAH.COM.SG
Address	53 UBI AVE 1 #03-39 S408934
Address complement	
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	
mana and an	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	DRIZZLE
Road Surface	Wet
Road Sulface	VV61
OTHER INFORMATION	
OTHER INFORMATION	
	N
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	=
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ4341X
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)	-

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 try 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:
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
- (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' law yers/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 GA to their third party service providers on agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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Declaration

IWe declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date &

AP2 17.10.24 2:30

Diver's Signature (if driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel