SL0M24C60001 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 06/12/2024 09:39 (SGT) SUBMITTED BY: LHMK -3 VERSION: 1 (06/12/2024 09:39 (SGT))

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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        | 06/12/2024 09:39 (SGT) |
|---------------------------------|------------------------|
| Reported by                     | Owner                  |
| Date of Accident                | 05/12/2024 11:30 (SGT) |
| Exact Location of Accident      | Balmoral Rd, Singapore |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

## **DETAILS OF OWN VEHICLE**

Toyota

| Vehicle Registration Number | SMH8724X |
|-----------------------------|----------|
| INSURED/POLICYHOLDER        |          |

| Is company?              | Yes                         |
|--------------------------|-----------------------------|
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Company Reg No           | 2XXXXX651D                  |
| Email Address            | accident@gbcr.com.sg        |
| Mobile Phone No          | (Phone) +65-66039398        |
| Alternative Phone No     | -                           |

Manufacturer

## VEHICLE PARTICULARS

| Model  | Camry                     |
|--|---------------------------|
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of      |                           |
| accident   | Private use               |
| Are you claiming under your own insurance policy for repair to |                           |
| your vehicle?  | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1998                      |
| Vehicle Fuel   | -                         |
| First Regisration Date   | -                         |
| Chassis no   | -                         |

## INSURANCE COMPANY

Effective Date/Time of Ownership

| Name of Insurance Company         | Tokio Marine Insurance Singapore Ltd |
|-----------------------------------|--------------------------------------|
| Policy Number / Cover Note Number | 24-MAB00157-R00                      |

| 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 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                                   | ABDULLAH Y. FAZALBHOY SXXXX472H 03/08/1953 Indoor 14/03/1997 3 Valid 27 YEARS AND 9 MONTHS Male (Phone) +65-97390833 - afazalbhoy@justclickit.net 11N MOUNT ROSIE ROAD - 308067 No Authorised driver No |
|--|---|
|  |   |
| Type of Accident   | Collision - Major/Minor Rd  |
| Weather Conditions Road Surface  | Clear<br>Dry  |
|  | Diy   |
| 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 | -<br>-<br>-   |
| DETAILS OF POLICE ACTION   |   |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?   | No<br>No<br>-   |
| CIRCUMSTANCES OF ACCIDENT  |   |
| Please refer to the sketch plan.   |   |
| ATTACHMENT(S)  |   |
| Are accident photos available for attachment? Was there any video captured by Car Camera?  | Yes<br>No   |
| DETAILS OF OTHER   | R VEHICLE PROPERTY 1  |

## Vehicle Registration Number

| Vehicle Model Vehicle Variant           | -    |
|---|------|
| Vehicle Colour                          | -    |
| Vehicle Category                        | Taxi |
| 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

## 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 within 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.
- Any false reporting may be referred to the Traffic Police Department for Investigation.
- 8. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General insurence Association of Singapore (GIA) for erchiving 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)

Lunderstand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare 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 daims;
- (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
- (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/flaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one of 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 the claw endlew firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 17 HOON (Name as in NRUC/ID card) 30H 517 HOON | Rec'd 06 DEC 2024

Sketch Plan

| oe Circumstance of the Accident                     |                            | *                               |  |   |          |
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| Declaration   | to the fire every respect. |                                 |  |   |          |
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| I/We deplay the foregoing particulars are           | e true in avery respect.   |                                 |  |   |          |
|   | e true in every respect.   | is not the policyholder) / Date | /.   | Reporting Confee Person RICHO Confe SOH L'd 06 DE | A. marie |