

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 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 13/12/2024 14:42 (SGT) Reported by **Actual Driver** Date of Accident 12/12/2024 19:20 (SGT) **Exact Location of Accident** Lor 6 Toa Payoh, Singapore Additional Location Information LOR 6 TOA PAYOH SLIP ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH2752J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HACKTEAM BUILDERS PTE, LTD. Company Reg No 2XXXXX525Z **Email Address** NATEELAU@HACKTEAM.SG Mobile Phone No (Phone) +65-94245900 Alternative Phone No

VEHICLE PARTICULARS

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

accident 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

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5150842215

No - Claiming third party

Commercial vehicle

Manual

2982

DRIVER

Name of Driver LAU WU LING, NATEE NRIC No SXXXX131B Date Of Birth 14/12/1990 Occupation Outdoor **Driving Pass Date** 25/05/2009 **Driving License Pass Class Driving License Validity** Valid Driving experience 15 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-94245900 Alt. Phone Number **Email Address** NATEELAU@HACKTEAM.SG Address 892A TAMPINES AVENUE 8 Address complement #07-30 Postcode 521892 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured DIRECTOR 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? Yes Was any injured conveyed to hospital by ambulance? No 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? 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 Refer to attach ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH2670G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	(r=
Vehicle Colour	
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	i .
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU WU LING, NATEE
Gender	
Phone No	-
Address	-
Address Complement	•
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 5 Days
Injured person in which vehicle?	GBH2752J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the applicant to speed up the claims process
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the port of the insurance companies.
- 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 Menagement 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.
- By the lodgement of this report to this 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") 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 (awyers/law firms, the Monetary Authority of Singapore and any relevant povernment again you and those to the purpose(s) of:
- 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;
- (ii) carrying out and/or deating with my instructions or responding to any enquiries by me;
- (v) administering my daims (including the mixiling 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 dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) brooked in this socident and the insurers' lawyers/law firms, may/ere 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/con be disclosed by any of the Insurers and/or GIA to their trind-party service providers or agents (including their law) solicy firms), which may be sited outside of Singapore, for one of the above Purposes VICs

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Policytokier's Signal re / Date & Time

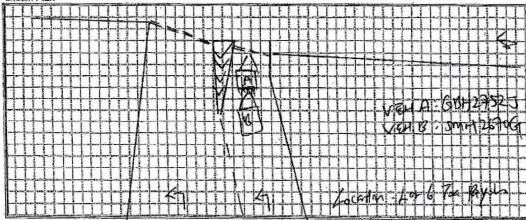
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Driver's Signature (if driver's not the policyheider) / Deto
& Time

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

Co. Reg. No. 201318685G





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



Down's Signature (if driver is not the policyholder) / D



Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

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