SC1|247F0001 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 15/07/2024 15:47 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (15/07/2024 15:47 (SGT))



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 15/07/2024 15:47 (SGT) Reported by **Actual Driver** Date of Accident 13/07/2024 14:40 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS ST 82 TOWARDS WOODLANDS NORTH PLAZA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB3877H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FLYTECH ENGINEERING PTE LTD Company Reg No 200708122R Email Address fte-admin@flytech.com.sq Mobile Phone No (Phone) +65-63343228

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model DYNA 150 MANUAL 3SEATER

Exact purpose for which vehicle was being used at time of **Employment**

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual

CC 2982

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number

5118146709-03

DRIVER

Name of Driver TAMILSELVAN ANBARASAN Passport No/FIN G6631492N Date Of Birth 17/10/1984

Driving Pass Date 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	26/04/2013 11 YEARS AND 3 MONTHS Male (Phone) +65-81941984 - fte-admin@flytech.com.sg No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
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	<u>-</u> -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
CIRCUMSTAINCES OF ACCIDENT	
REFER SKETCH ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLD8885Y - -

Vehicle Category Private car Name of Driver PAK SOKE YEN

Vehicle Variant Vehicle Colour

NIDIC No.

Contact Number	(Phone) +65-90225811
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH NO GBB 3877 H
INSURER INCOME
DATE OF ACC 13/07/24 2-40 RM

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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.
- 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:

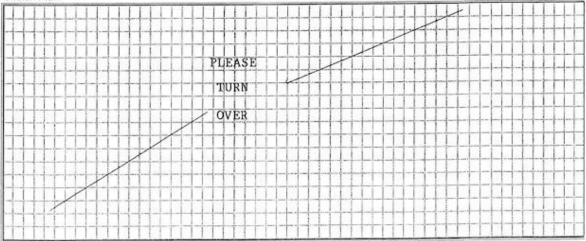
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (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")
- (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,

Policy Page Signature / Date & Time

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

Sketch Plan



	nder your Own Comprehensive policy. Pls check your policy for more information.
	m Own Policy (V) Claim Third party () Reporting Onlly
() C ketch Plai	im OD/ TP at other workshop (
keton Piai	10 11
	WUUDDLANDS 87 8-2
	GBD 3877 H
	-> SLD 8885Y
	STATIONERY
	CAR
111	

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1 1	wel straight towards infront round about, a vehicle suddenly
ما سام	ce prossite park vehicle and cause hit onto my lorry front
iver ta	ce opposite park vehicle and cause hit onto my lorry front
41	and cause downers all among as both party.
dul-	ortion and cause damonge. No injury on both party.
55	•

Declaration

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



W.Dr

Driver's Signature (if driver is not the policyholder) / Date 8. Time

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

















