SC292481M005-01 / Century Motors (Singapore) Pte Ltd [808586] ENTRY DATE & TIME: 01/08/2024 17:17 (SGT) SUBMITTED BY: KALAH VARATHARAJOO VERSION: 2 (01/08/2024 17:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Table VICINITY NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of meterial facts may allow insurance companies to repudiate realized liability.

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the pert 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

01/08/2024 17:17 (SGT) **Actual Driver** 31/07/2024 23:52 (SGT) Bayfront Ave, Singapore

From Bayfront Avenue towards Marina Bay Sands Hotel Tower 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNP6931Z

INSURED/POLICYHOLDER

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

LAY AUTO LEASING PTE LTD 201310521C SOODAVE0221@GMAIL.COM (Phone) +65-87973443

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

Toyota Noah **HYBRID 1.8X CVT**

Private hire

No - Claiming third party Private hire Auto 1797 Petrol-Electric 04/03/2024 ZWR900160835

INSURANCE COMPANY

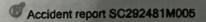
Name of Insurance Company Policy Number / Cover Note Number

Effective Date/Time of Ownership

Income Insurance Limited 5126325143-02

DRIVER

Chassis no

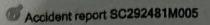


SOO HOCK LAI Name of Driver NRIC No S7227093B Date Of Birth 29/07/1972 Outdoor Occupation 02/08/2000 Driving Pass Date **Driving License Pass Class** 3 **Driving License Validity** Valid 23 YEARS AND 11 MONTHS **Driving experience** Male Gender (Phone) +65-90278438 Mobile Number Alt. Phone Number SOODAVE0221@GMAIL.COM Email Address BLK 625 JURONG WEST STREET 61 16-161 SINGAPORE Address 640625 Address complement Postcode Is the driver the policyholder? No Hirer If No. Relationship of the Driver with the Insured 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface 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? 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? 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? CIRCUMSTANCES OF ACCIDENT Refer sketch plan and accident circumstances description. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA6223J



Vehicle Manufacturer	Hyundai
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)	Service .

SKETCH PLAN

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- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy bability on the part of the insurance companies.

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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 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 incurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' Isovershaw firms, the Monetary Authority of Singapore and any relevant government agencylauthority (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 exquiries by mil;

(iv) administering my claims (including the maling 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 envelopmentally packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my divins.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the hasarers' (weyers fair fems, may fair permitted to exflort, une, disclose and/or precess ray Personal Information for one or more of the above Purposes; and

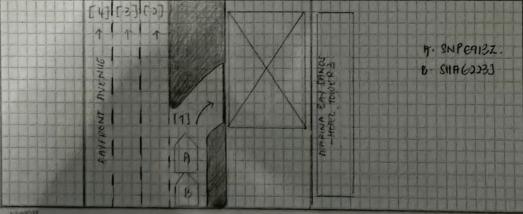
(c) my Personal information may can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents. (including their Trayers Asw ferms), which may be cited outside of Singapera, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VAL02022

	umstance of the Accident
On	31/July 2024 of 11.52 pm. My car
Was	31/July 12024 cet 11.52 pm. My cor hit by a tax; SHA 6223 5 at
	fort Bay front AVE Forming toward MBS
Den	HOIT Day from Me Thing worked thes
170	Det tower 3. traffic light while.
	was stand stationary.