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 Authorised 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 Submission 15/12/2020 17:59 (SGT) Date of Accident 14/12/2020 12:45 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information ALONG CTE TWDS PIE(CHANGI)NEAR TO BRADDELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number GBJ9134I

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ATOM MARKETING CONSULTANCY LLP Company Reg No TXXXXX082B **Email Address** eric.ng@atom.sg Mobile Phone No (Phone) +65-98333329 Alternative Phone No +65-98333329

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac Type of Coverage Comprehensive Fleet Policy Policy Number Z/20/VC05/006164-001

Cover Note Number

DRIVER

Name of Driver NG ENG HUAT(HUANG YONGFA) NRIC No SXXXX414A Date Of Birth 10/01/1979 Occupation Indoor

Date Of Driving Pass 06/06/2001 Driving experience 19 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98333329 Alt. Phone Number Email Address eric.ng@atom.sg Address **BLK 440A FERNVALE LINK** Address complement #13-177 Postcode 791440 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes PASSENGER 1 Name WIFF Gender Female PASSENGER 2 Name SON Gender Male PASSENGER 3 Name SON Gender Male PASSENGER 4 Name SON Gender Male PASSENGER 5 Name **MOTHER** Gender Female PASSENGER 6 Name **HELPER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC3412K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

NG ENG HUAT(HUANG YONGFA)
SLIGHT
GBJ9134L
Yes
No

SKETCH PLAN

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- 7. By the lodgment 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 the claims;
 - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Name NRIC/FIN No.

was traveling from CTE	Factor Children Carrier St. Communication Co
	towards PIE, to my office at Kallang Pudding
	cle to office. I was travelly all along shalp
al within limits on	the left hard side of the road.
Utile newing Braddell e	xie, another van GBC341215 cut into my
one, at the divider li	ine between Braddell exit and PIE:
or uncalled reason to	affic was smooth and dear, no one cut
ato his lone at all	he jammed a hord long brake . I tried
a lam was I taken as	well but it was insufficient and I bright
nto him.	their part it was insured and I buyer
VIG MIRK	
161	
Thin seconds, a with	ness' appeared to help. I strongly believe
ney are in this tage	the driver. The vitness them told me that
it I was talking to	the driver. The witness then told me that
	is a workshop which is nearby and insister
me to go visit	immediately. They will also lidenify me of
Il claims against me	if any . I He then wanted to clock up my
an and follow him	to his workshop. I rejected. Asked him
here his vite was Ch	ne told me his wife dropped thin on express way
of desure off. But	during accident, I saw a blonde harad
	ed Jul offers from them to take up
	via their workshop but less than on hr
	ent me a whasapp msq, to indenify
and marager si	inst the van driver.
E on all glains inge	The van driver.
T 1 1 onto at 1	The second was a second
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201	DOELL
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A-GBJ9134L	CTE TWOS
A-GBJ9134L	CTE TWOS PIE
A-GBJ9134L	CTE 7WDS PIE
A-GBJ9134L B-GBC3412K	CTE 7WDS PIE
A-GBJ9134L B-GBC3412K	CTE 7WDS PIE
A-GBJ9134L B-GBC3412K	CTE 7WDS PIE
A-GBJ9134L	CTE 7WDS PIE
A-GBJ9134L B-GBC3412K	CTE 7WDS PIE
A-GBJ9134L B-GBC3412K	every respect.
A-GBJ9134L B-GBC3412K	every respect.
A-GBJ9134L B-GBC3412K claration e declare the foregoing particulars are true in	every respect.
A-GBJ9134L B-GBC3412K claration de declare the foregoing particulars are true in	every respect.



















