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.

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 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 26/12/2020 09:20 (SGT) Date of Accident 24/12/2020 10:45 (SGT) Exact Location of Accident 23 Serangoon Central, Singapore 556083 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA4470X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **CARWAY LEASING & RENTAL** Company Reg No 5XXXX813K **Email Address** CUIPING@CARWAY.COM.SG Mobile Phone No (Phone) +65-67440777 Alternative Phone No (Office) +65-67440777

VEHICLE PARTICULARS

Manufacturer Fiat Model Doblo 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? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage ThirdParty Fleet Policy Policy Number 5110754147-01 Cover Note Number

DRIVER

Name of Driver TEO HOCK BENG NRIC No SXXXX918G Date Of Birth 26/07/1971 Occupation Outdoor



Date Of Driving Pass 18/03/1996 Driving experience 24 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97678925 Alt. Phone Number Email Address CUIPING@CARWAY.COM.SG Address BLK 203 TOA PAYOH NORTH #07-1097 Address complement Postcode 310203 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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? No 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 TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** G

Vehicle Registration Number SI Vehicle Manufacturer -	HA1966G
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	axi
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

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- 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") 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

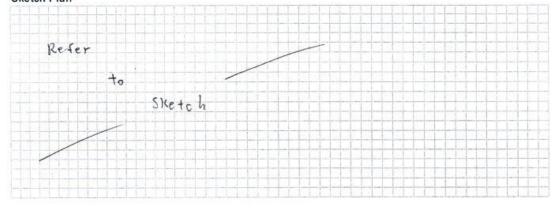


Policyholder's Signature / Date & Time

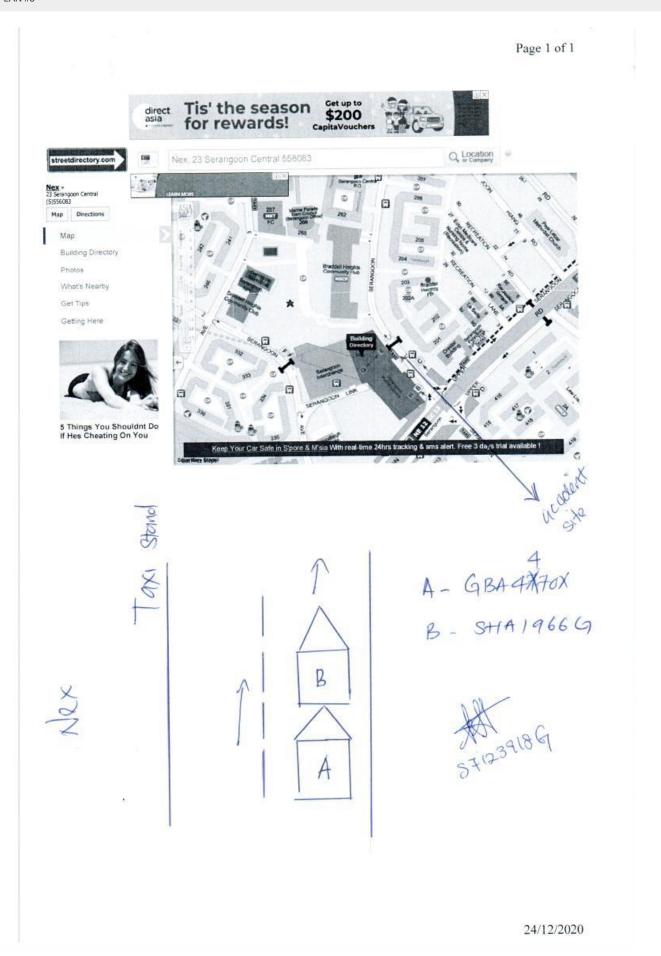
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer	to	Statement	
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declare the foregoing	particulars are	e true in every respect,	100
declare the foregoing	2		11
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Accident Statement

On 24th of Dec 2020, at around 1045hrs, my vehicle (GBA4470X) was travelling towards Nex Serangoon Central. Traffic was slow and congested due to rain. Vehicle in front of me stopped, I could not stop in time and slight hit onto the rear of front vehicle (SHA1966G). We both alighted from the vehicle to check on the damages and exchanged for particulars. Due to the light contact in the collision, no damages found on both vehicles at all. No one was injured in this accident.

I'm making this report for the purpose of reporting only.

Name: Teo Hock Beng NRIC: S7123918G













