

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 withholding 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	21/01/2021 17:27 (SGT)
Date of Accident	21/01/2021 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD FROM PIE TURNING TO JLN EUNOS(TWRDS BEDOK RESERVOIR)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8663R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Company Reg No	2XXXXX832G
Email Address	keane@carro.co
Mobile Phone No	(Phone) +65-67146652
Alternative Phone No	+65-67146652

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / VEZEL 1.5.X CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111909119-01
Cover Note Number	-

DRIVER

Name of Driver	NEO SWEE LEONG(LIANG RUILONG)
NRIC No	SXXXX149B
Date Of Birth	25/01/1978

Occupation	Outdoor
Date Of Driving Pass	14/01/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-90462922
Alt. Phone Number	-
Email Address	rick88nsl@gmail.com
Address	BLK 411 BEDOK NORTH AVENUE 02 #07-90
Address complement	-
Postcode	460411
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 material 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

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 ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC5088E
Vehicle Manufacturer	LandRover
Vehicle Model	LAND ROVER / RANGE ROVER VELAR 2.0P SI4
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHALINI JAIN
NRIC No	SXXXX450B
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	NEO SWEE LEONG(LIANG RUILONG)
Address	BLK 411 BEDOK NORTH AVENUE 02 #07-90
Address Complement	-
Post Code	460411
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE8663R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.



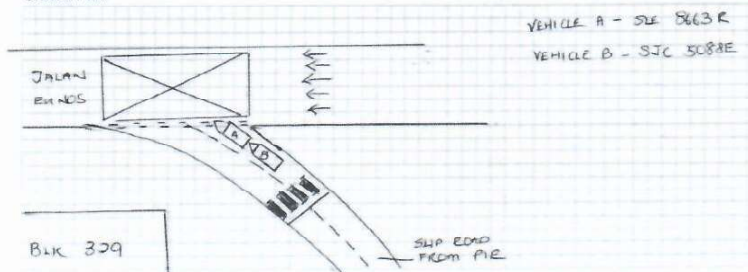
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackib@vicom.com.sg

Witnessed by Reporting Centre Personnel
21 JAN 2021

Sketch Plan



Describe Circumstances of the Accident

ON 21 JAN 2021 @ 1305 HRS, I WAS EXITING FROM PIE TO
 JALAN EUNOS (DIRECTION OF BEDOK RESERVOIR). AT THE JUP ROAD TO
 JALAN EUNOS, I STOPPED TO CHECK FOR TRAFFIC ALL OF A SUDDEN, I
 FELT A HUGE IMPACT TO THE REAR OF MY CAR (VEHICLE A), PROPELLING
 MY CAR FORWARD ONTO JALAN EUNOS ROAD. I REALISED A CAR (VEHICLE B)
 CAME FORWARD ~~ONTO JALAN EUNOS~~. I REALISED A CAR (VEHICLE B)
 HAD HIT MY CAR (VEHICLE A). I FELT PAIN IN MY HAND, BACK AND
 NECK. I WILL BE SEEING A DOCTOR LATER.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415833
 Tel: 67416697 Fax: 67492305
 Email: vac@idac.com.sg

Witnessed by Reporting Centre
 Personnel
 21 JAN 2021