

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	19/01/2021 13:28 (SGT)
Date of Accident	17/01/2021 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG EAST ST 32 GANTRY INTO BLK 371 GANTRY NO.HDB-J23M-EXIT-4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT46X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CARS FOR RENT (2016) PTE. LTD.
Company Reg No	2XXXXX732N
Email Address	yanping@carsforrent2016.com
Mobile Phone No	(Phone) +65-69709119
Alternative Phone No	+65-69709119

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / LEXUS NX300 5DR SUV (AT)(4WD) EXECUTIVE
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109855704-01
Cover Note Number	-

DRIVER

Name of Driver	MARGARET KOH SIOK HWEE
NRIC No	SXXXX549A
Date Of Birth	02/08/1972

Occupation Indoor
 Date Of Driving Pass 01/06/1992
 Driving experience 28 YEARS AND 7 MONTHS
 Gender Female
 Mobile Number (Phone) +65-81018548
 Alt. Phone Number
 Email Address yanping@carstomer2016.com
 Address 724 JURONG WEST STREET 72 #11-15
 Address complement
 Postcode 640724
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Inter
 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 Collided into Property
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 1
 Was anybody injured in the accident? No
 Was any injured person transported to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (including Driver) 2
 Was the driver later approached by unknown person(s) soliciting/offering accident claim assistance? No

INSURED

Name LEE ENG RUAN
 Gender Male

INSURED 1

Name LEE Ann YOCK
 Gender Female

INSURED 2

Name SON SION YEE
 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?

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENTS

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	GENTRY
Nature Of Damage	GANTRY NO.HDB-J23M-EXIT-4
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

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

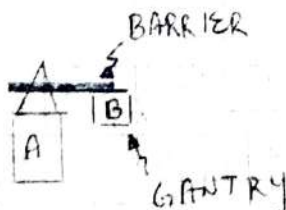
Driver's Signature (If driver is not the policyholder) / Date & Time

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

Witnessed by Reporting Centre Personnel

19 JAN 2021

Sketch Plan



JURONG EAST ST 32

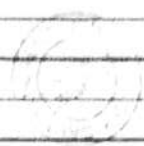
(A) SLT 46X

(B) GANTRY NO

HDB-J23M-EXIT-4

Describe Circumstances of the Accident

ON 17 JAN 2021 @ 10:40HRS I WAS DRIVING MY VEHICLE INTO SURONG
EAST ST 22 BLOCK 271 WHEN I DROVE PASS THE GATEWAY
THE BARRIER FELL AND HIT ON THE FRONT RIGHT SIDE OF
MY VEHICLE



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

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

10 JAN 2021