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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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

- olicy 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.

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ACCIDEN	T STATEMENT
Date of Submission  Date of Accident  Exact Location of Accident  Additional Location Information  Country/State of Loss	15/02/2021 14:23 (SGT) 10/02/2021 09:00 (SGT) 106 Yishun Ring Rd, 106, Singapore 760106 - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	GBE3760U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes LE YI TRADING 5XXXX377W TECKCHOON.KUA@GMAIL.COM (Phone) +65-82481818 +65-82481818
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Toyota Dyna - Employment No - Claiming third party Commercial vehicle
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC ThirdPartyFireTheft No 5117781839 -
DRIVER	
Name of Driver NRIC No	KUA TECK CHOON SXXXX752B

02/10/1961

Outdoor

Date Of Birth

Occupation

Date Of Driving Pass	11/09/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82481818
Alt. Phone Number	-
Email Address	TECKCHOON.KUA@GMAIL.COM
Address	BLK 163 AMK AVE 4 #04-450
Address complement	Example 2
Postcode	560163
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
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 in the resident.  Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 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?	No
Was there any audio recorded?	No
was there any addio recorded:	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	SKK6318G
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	- 1 To the second secon
Vehicle Category	Private car
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

## 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Reg No.

Policyholder's Signature / Date & Time

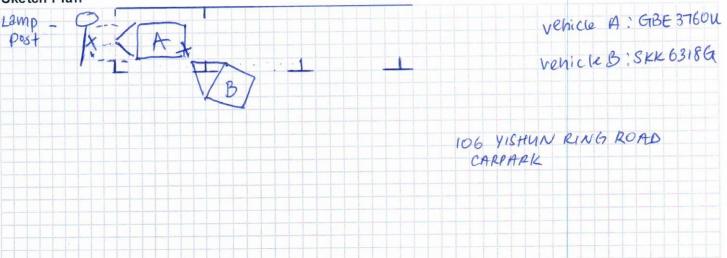
\* 5R

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

that .

Witnessed by Reporting Centre

#### Sketch Plan



Describe Circumstances of the Accident
On the stated date and time, I parked my venicle on the
parallel parking but on the first lot and who deliver goods to
the market. When I came back to my vehicle, I saw vehicle
B (SKK 6318G) has collided onto my vehicle near portion and
cause my venicle to mount the kerb and hit a lamp post.
we took photos and exchange particulars and lodge a insuran
report.

## Declaration

I/We declare the foregoing particulars are true in every respect.



3/3



<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e Chan	ge Password	› Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		10/02/2021	13:54	
	Vehicle	No.(For Motor)	GBE37	760U		Certi	ficate Numbe	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117781839		LE YI TRADING	53087377W	GCV	Third Party, Fire & Theft	GBE3760U	GBE3760U	10/06/2020	11/05/2021
						Continue	1				

Date of Accident	: 10 2 2021 Accident Time: 0900 (24-HR-Format)					
Accident Place	: 106 Yishun Ring Road carpark					
Vehicle No. (Car Plate No.)	: GBE 3 TLOU Make/Model: TOYOTA DYNA 3.0/M					
Insurance Company	: Policy No:					
Owner or Company Name /IC No.	: Leyi trading 53087377W					
Owner or Company Contact No.	:Owner's HpCompany Tel					
DRIVER'S Name / IC No.	: KUA TECK CHOON S1492752B					
DRIVER'S Date Of Birth	: 02/10/1961 DRIVER'S License Pass Date 11/9/1979					
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:					
DRIVER'S Address	: 163 ANG MOKIO AVENUE 4 #04-450 S(560163)					
DRIVER'S Contact No./ Alt No.	:1) 82481818 2)					
DRIVER'S Occupation : INDOOR \OUTDOOR (e.g. working inside or outside office)						
Email Address	: Meckcheon. Kera @ gmail. com.					
Weather & Road Surface						
Reporting Type : Reporting Only \Claim Other Party \ Claim Own Insurance						
Number of Passengers (Including Driver):						
Was there any video Captured by car camera: YES \NO  Exact purpose for which vehicle was being used at time of accident: Private use \Work Purpose \Any Injury (If YES, Pls state):						
Other Party Driver's Particular (if any)						
Vehicle. No: SKK 63186 Vehicle. No:						
Vehicle Make \Model:						
Name Driver: Name Driver:						
IC No. Driver/Contact:	IC No. Driver/Contact:					

\* NEW – Passenger's name & gender:

\* car tow by monday