SK0M212F0003 / KANG CAR REPAIRERS PTE LTD
ENTRY DATE & TIME: 15/02/2021 13:02 (SGT)
SUBMITTED BY: SHARON YEE
VERSION: 1 (15/02/2021 13:02 (SGT))

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	15/02/2021 13:02 (SGT)
Date of Accident	12/02/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TAMPINES AVE 2 / TAMPINES ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB566T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JENNIFER VICTORIA LEE WAN WAH
NRIC No	SXXXX089I
Email Address	YSLJEFFREY@GMAIL.COM
Mobile Phone No	(Phone) +65-98598539
Alternative Phone No	+65-98598539

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Beetle
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	5116865185
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	JEFFREY YONG SHY LIOU
NRIC No	SXXXX693F
Date Of Birth	22/10/1958
Occupation	Indoor

Date Of Driving Pass	07/06/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98523993
Alt. Phone Number	-
Email Address	YSLJEFFREY@GMAIL.COM
Address	28A WOO MON CHEW RD
Address complement	-
Postcode	455169
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JENNIFER VICTORIA LEE WAN WAH
Gender	Female

PASSENGER 2

Name	YONG JOELLE
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

I WAS DRIVING STRAIGHT ALONG TAMPINES AVE 2. UPON NEARING THE JUNCTION, VEHICLE B (SML6243J) DRIVING ON MY RIGHT SUDDENLY SWERVED OUT AND COLLIDED ONTO MY RIGHT PORTION OF THE VEHICLE CAUSING DAMAGE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	SML6243J
Vehicle Manufacturer	Mitsubishi

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMAL
Contact Number	(Phone) +65-96176424
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 **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. 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**")

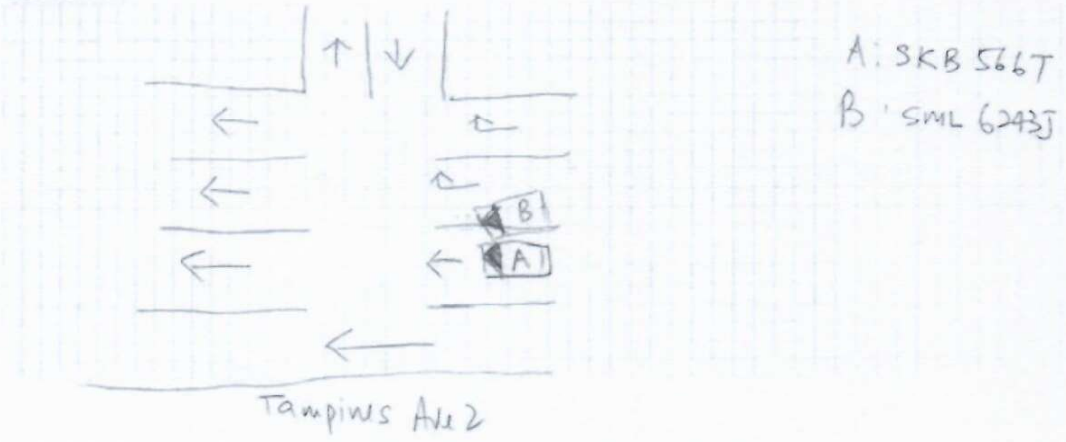
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

15/02/21

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

I was driving straight along Tampines Ave 2. Upon nearing the junction, Vehicle B (SML6243J) driving on my right suddenly swerved out & collided onto my right portion of the vehicle causing damage. Nobody was injured at the time of accident.

Declaration

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

15/12/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel