

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 22/02/2021 17:45 (SGT)
Date of Accident 20/02/2021 08:55 (SGT)
Exact Location of Accident Canberra Street, Singapore 752106
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2542D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARE AIRCON ENGINEERING
Company Reg No 5XXXX290C
Email Address ENQUIRY@CAREAIRCON.COM.SG
Mobile Phone No (Phone) +65-92218659
Alternative Phone No +65-92218659

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V06772/VCV/R00
Cover Note Number -

DRIVER

Name of Driver LEE KOH YONG
Passport No/FIN GXXXX034N
Date Of Birth 21/09/1986
Occupation Outdoor

Date Of Driving Pass	21/04/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83325167
Alt. Phone Number	-
Email Address	ENQUIRY@CAREAIRCON.COM.SG
Address	BLK 843 WOODLANDS ST 82
Address complement	#04-81
Postcode	730843
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLS REFER TO THE ATTACHED 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3877L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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**

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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.

CARE AIRCON ENGINEERING

Reg No. 53211290C

BLK 121D CANBERRA STREET

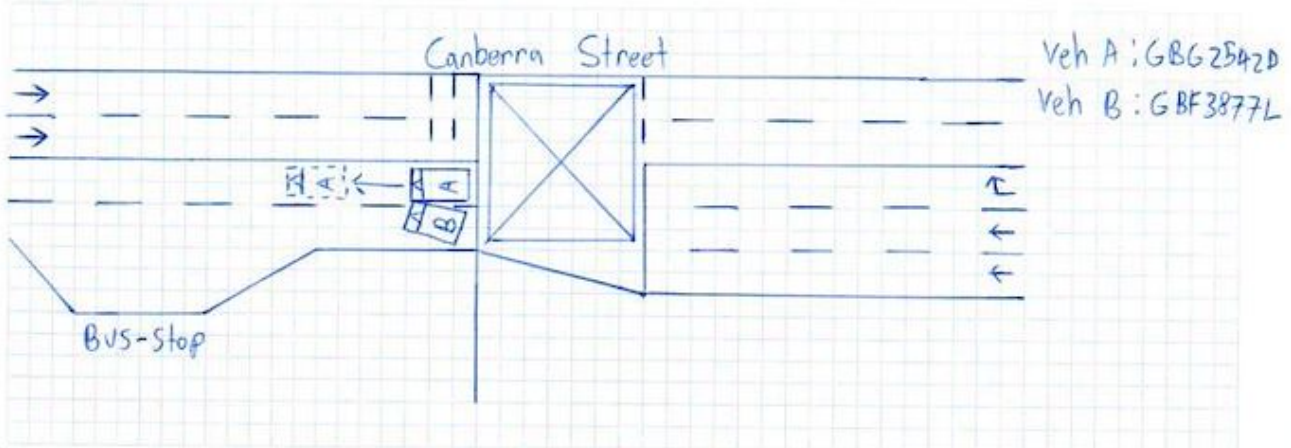
#11-757 SINGAPORE 754121

Tel: 6755 8896

iv Ada
Policyholder's Signature / Date & Time

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

[Signature] 22/05/21
Witnessed by Reporting Centre Personnel

Sketch Plan

* Please send a copy of GIA report to Jordan.KanJH@gmail.com

Describe Circumstances of the Accident

On the stated time and date, I was driving my vehicle G8G 2542D on my way to my boss house located in Canberra. While I was driving along Canberra Street on lane 1 of 2 lanes, I felt an impact on the left of the vehicle. I alighted my vehicle and realised that G8F3877L had hit the left of my vehicle. After taking some pictures and exchanging particulars, we left the scene shortly as there were no injuries.

Declaration

We declare the foregoing particulars are true in every respect.

CARE AIRCON ENGINEERING
 Reg No. 53211290C
 BLK 121D CANBERRA STREET
 #11-757 SINGAPORE 754121
 Tel: 6755 8898

[Signature]

Policyholder's Signature / Date & Time

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

22/02/21

Witnessed by Reporting Centre Personnel









































