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TP Particulars: , Veh No: 5	Hc 2837 D	. INC()/Non-INC(·)		
Owner / Driver: (110-00-12		Tel:)	
Policy No: () Pc	riod: ()	Cover Type: ()	
Confirmed by ; (Date:	Tlme:)	-
			%; P: 21-79%. P: 8	d-100%] ·	
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2) QC Check / Post Repair Inspection		<u>)</u>			
3) Upload Resurvey Photo [Repair Cost> \$30	000) (.)	· · ·		
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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.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

ACCIDENT STATEMENT

Date of Submission	03/03/2021 14:08 (SGT)
Date of Accident	02/03/2021 18:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	EXIT TO CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4871T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ESSENTIALLY SERVICES
Company Reg No	5XXXX982M
Email Address	PETERLING82@GMAIL.COM
Mobile Phone No	(Phone) +65-97267891
Alternative Phone No	+65-97267891

Toyota

VEHICLE PARTICULARS

Manufacturer

Model	Sienta
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	No
Policy Number	5096739968-03
Cover Note Number	

DRIVER

Name of Driver	LING LIANG CHYE PETER
NRIC No	SXXXX117E
Date Of Birth	01/08/1982
Occupation	Outdoor
Occupation	Outdoor

Date Of Driving Pass 18/10/2007 Driving experience 13 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-97267891 Alt. Phone Number Email Address PETERLING82@GMAIL.COM BLK 139 POTONG PASIR AVE 3 #03-122 Address Address complement Postcode Postcode
Is the driver the policyholder? 350139 No If No. Relationship of the Driver with the Insured Other 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 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Potong Pasir Neighbourhood Police Post Police Station Name (Phone) +65-18002829999 Police Station Phone No Alt. Police Station Phone No (Fax) +65-62815964 Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210302/2140 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 SHC2837D

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
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 Formmust 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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.

ESSENTIALLY SERVICES

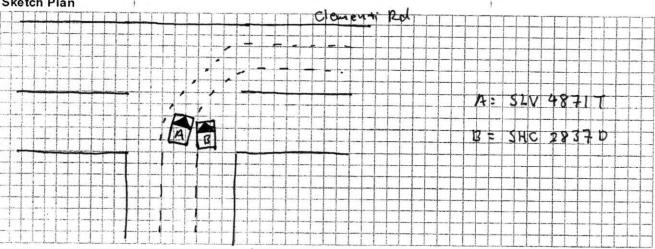
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



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We declare the foregoing particulars are true in every respect.

ESSENTIALLY SERVICES

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &





Police Station Of Origin Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

Report No. T/20210302/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 02/03/2	me Report 021 21:07	Made:	Vide Report No D/20210302/0081	Station Diary No.:
Name of LING LIA	Informant ANG CHYE	PETER	Address: APT BLK 139 POTONG PASIF SINGAPORE 350139 Contact No.:	
NRIC NO	0/582241		Home/Office: Email:	Mobile, 97267891
Sex: Male	Age: 38	Date of Birth: 01/08/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation DRIVER	on:		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/03/2021 18:45	Type of Location. T-Junction
CLEMENTI R	DAD	Road Surface:		Road Speed Limit:
Clear raffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of V	tails of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2837D	Car	ТОУОТА	PRIUS 5DR HATCHBAC K (AUTO)	Blue	No Damage	1
SLV4871T	Car	TOYOTA	SIENTA HYBRID 1.5G CVT	White	Slightly Damaged	1



Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No 1800-2829999

AN Patong Pass POTOTO PAGE Report No. Trzoznowano SINGAPORE 35

CONTINUATION OF REPORT

Brief Details.

On 02/03/2021, at about 1845hrs, I exited AYE via Clementi Road. I was on the center of the 3 lane road when I made a right turn.

As I was turning right, I felt a collision on my driver side. I realized that a taxi had side swiped onto the front driver side of my vehicle, causing my bumper to be slightly dislodged. I also noticed some scratches on my vehicle.

I then drove beside the taxi and signaled for him to stop. He noticed me however did not stop and continued to move off.

I dropped off my passenger and went back to the incident location and called for police

I was advised by the Traffic Police to lodge a report. I wish to state that both me and my passenger are not injured.



SINGAPORE POLICE FORCE

Police Station Of Origin. Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999



CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this rethe certificate with you now, please fax a copy to 65474885 stating the report num

of Officer Recording The Report:

Signature Of Informant:

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 03/03/2021 11:25 Vehicle No.(For Motor) SLV4871T Certificate Number Search Policyholder Name Policyholder NRIC Certificate Vehicle Insured Commence Date Policy No. Product Cover Type Select Expiry Date No. Object 5096739968-03 ESSENTIALLY SERVICES drivo CLASSIC 53373982M SLV4871T SLV4871T 29/12/2020 28/12/2021 0 GPC

ACCIDENT STATEMENT

ACCIDENT DATE: 2/3/21 (DD/MM/YYYY), TIME: (18:45)(HH:MM)
LOCATION: Gte AYE exit clement: Rd
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SLV 48717.
b)INSURANCE COMPANY:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e) MAKE & MODEL: Toyota Sienta, 1.5 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Grab i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A) NAME: Essentially Services [MALE/FEMALE] b) NRIC/FIN/PASSPORT: CONTACT: 97267891 c) ADDRESS:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER OF person got DRIVER
(Including driver) DINDIC/FINIPASSOODT
c)ADDRESS:CONTACT:
*d)DATE OF BIRTH: ()(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
7, alreported to police (yes / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Potong Pasir NPP.
8. THIRD PARTY VEHICLE NO of passenger of VEHICLE NUMBER: SHC 2837 D. MODEL:
(Including driver) b) DRIVER'S NAME:
() NRIC/FIN/PASSPORT:CONTACT:
No of passenger d) VEHICLE NUMBER: MODEL:
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT:
* police Report : Cimail = Peterling 82 @ Grail. com
* police Report
and a
VIDEO - Yes.