SN09213B000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/03/2021 13:09 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (12/03/2021 13:09 (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 witholding 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.

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 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 12/03/2021 13:09 (SGT) Date of Accident 10/03/2021 18:15 (SGT) Exact Location of Accident MacPherson Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number FU5511P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CONNECT4CAR PTE. LTD. Company Reg No 2XXXXX459M Email Address JIMMYHKH52@GMAIL.COM Mobile Phone No (Phone) +65-96752531 Alternative Phone No +65-96752531

VEHICLE PARTICULARS

Manufacturer Nissan Model Sylphy 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?

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5114278595-01

Cover Note Number

DRIVER

Name of Driver HO KOON HIANG NRIC No SXXXX042E Date Of Birth 25/06/1952 Occupation Outdoor

Date Of Driving Pass 13/08/1984 Driving experience 36 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96752531 Alt. Phone Number Email Address JIMMYHKH52@GMAIL.COM Address BLK 310 WOODLANDS ST 31 #12-20 Address complement Postcode 730310 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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 REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**)

Vehicle Registration Number	SKN4566D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
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

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- 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)

Lunderstand, 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' 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.



Policyholder's Signature / Date & Time

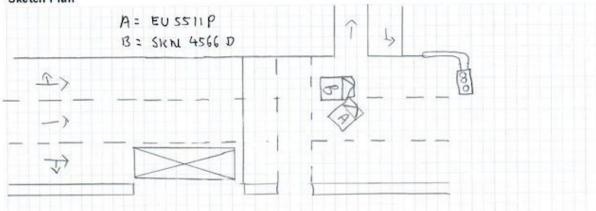
plus

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

H

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
On the Stated date and time. I was gt
a Observe want the transfer was begree I signaled left and I
Stopped to check if the oncoming traffic was clear, I noticed the traffic light had turned red. So at that point of time, I
the traffic light had turned red So at that point of time, !
Inched slowly towards tampong Anpat. Out of a sudden, vehicle B speeding on the bus lane. As and dashed through and collided
a speeding on the bus lane and dashed through and collided
onto ma repució
ONTO WY VENIC

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

