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D.O.A: 17/3/21 22:15	i-Motor W/O (W			74-1	813121	10.1
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	Assessment/Surve					
TP Insurer:	Ass't Report by F		Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax	(	
	iBE 3021U.	. INC(	)/Non-INC(	. ).		
Owner / Driver: (		•	Tel:		)	
Policy No: ( ) Per	iod: (	)	Cover Type: (		) .	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [1	lote-Est. Status (WO	): N: 0-20	)%; P: 21-79%.	F: 30-100	0%]	
Year of Registration: ( ) V	Varranty: YES ( )	)/NO(	)			
Excess: (\$ ) Loading: \$1,00	00()/\$2,000(	)				
General Remarks:		***				
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ENTRY DATE & TIME: 18/03/2021 17:45 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (18/03/2021 17:45 (SGT))



# **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>.

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.

4. The issue and acceptance of this Form by instraince companies in the Association of Singapore (GIA) for archiving and that copies of 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.

ACCIDEN	NT STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	18/03/2021 17:45 (SGT) 17/03/2021 22:15 (SGT) Jln Kayu, Singapore OPEN SPACE CP LOT 97 Singapore
DETAILS O	OF OWN VEHICLE
Vehicle Registration Number	SLB5044M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No YEW WAN BIN ALANNA SXXXX287E WEIHONGSECRET@GMAIL.COM (Phone) +65-92955659 +65-92955659
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	Kia Forte - Private use No - Claiming third party Private car
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Comprehensive No 5120844505
DRIVER	
Name of Driver NRIC No Date Of Birth	ANG WEI HONG SXXXX870B 24/02/1991

Outdoor

Date Of Driving Pass 04/08/2017 Driving experience 3 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98333271 Alt. Phone Number Email Address WEIHONGSECRET@GMAIL.COM Address BLK 309 HOUGANG AVE 5 #13-293 Address complement 530309 Postcode 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions 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) 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? 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? Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBE3021U Vehicle Manufacturer Vehicle Model Vehicle Variant ..... Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number (Phone) +65-83333252 Address Address complement ..... Postcode

Insurance Company Name

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

## WITNESS DETAILS

WITNESS 1

 Name
 TAN LEONG BENG

 Phone
 (Phone) +65-87422787

 Email

Accident report SN09213I000H

#### 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) with insured vehicle(s) involved in this accident (all insurer(s) with 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 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

Jalan Kayn

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B T

Spen Space CP

A: SLB 5044M B: GBE 3021U

Describe Circumstances of the Accident

	My	Vehicle	was	parked	Sta	tionary	along	(	open	space	_ C
40	Jalan	Kayu	. when	ı I	wen1	back	6	my	veh	cu	I
Saw	which	B rever	seh	and co	onidel	onto	My	vel	hick	lear	
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foorg	that	uel	nich	collided	onto	My	vehic	L	while	see	versi
NA NR Tontact	me: 12. RIC: 58 No: 87	1 Leons 39392 42272	13-eng 201 37								

### Declaration

We declare the foregoing particulars are true in every respect.

GeneralClaim **eBao**Tech Change Password Log Out Change Language Hello, NAC\_PAYA\_UBI\_800601 My Desktop **Policy Query** Notice of Loss Date of Accident 17/03/2021 17:34 Policy No. Certificate Number Vehicle No.(For Motor) SLB5044M Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Certificate **Expiry Date** Product Cover Type Policy No. Select Number YEW WAN BIN ALANNA drivo CLASSIC 22/02/2021 21/02/2022 SLB5044M SLB5044M S9131287E GPC 0 5120844505 Continue

# SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

Date of accident	ACCIDENT DETAILS	
Time of accident	17/03/21	(DD/MM/YY
Exact location of accident	2215	(HH:MM)
	Jalan Kayu open space CP Lot	97

Vehicle registration number Vehicle make and model	DETAILS OF VEHICLE SLB 5044M
Vehicle category Purpose of using at sold in	Saloon   MPV   CRV   Van   Description   CRV   Others:  Private   Commercial   Motorcycle   Others:
Are you claiming under your own insurance company?	Yes □ No ⋈ if no, please select: Third part claim ⋈ Reporting only □

Insurance company	INSURANCE IN		
Policy number Type of policy	INSURANCE IN	FORMATION	
тре от ропсу	Comprehensive 🗸	Third party fire & theft □	TP only □

Name	INSURED / POLICY HOLDER		Taring the same of
NRIC / Fin / Passport number Contact	TEN WAN BIN NIADOR	Male □	Female 🗸
Address	341312878		
	Ary mo kio Ave 10	4-0	
DRIVED	5(5605	47)	

DRIVER		5(560547)	
Name	SAME AS INSURED ABO		
NRIC / Fin / Passport number	And whi Hong	VE (SKIP TO D.O.B)	Tomala =
- Trace	59106870B	IV	lale ≠ Female □
Address	98377	231	
Email		5 #13-293 S(	530309
Email address  Date of birth	Wei hong secret @ gmail.com		301
Occupation	werning secret @ gmail-com		
Driving date pass	24 10 2   1991 Indoor □ Outdoor □		
b and pass	041 01		
	07/08   2017		

	GENERAL	INFORMATION	OF THE ACCIDENT		
Was driver an employee of	Yes 🗆	No 🗹			
the insured's company?	If no, rela	ationship of the	e driver and insured:	Spouse	
Accident captured by camera?	Yes 🗆	No 🗸		•	
Weather condition	Clear 🗹	Raining 🗆	Others:		
Road surface	Dry 🗹	Wet □			
No of passenger	0			(Inc	usive of driver)
		PASSENG	ER 1		FILE CALL
Name					
Gender	Male 🗆	Female 🗆			
	142	PASSENG	ER 2		
Name					
Gender	Male 🗆	Female 🗆	and the second second		
Market Allegate and the Land		PASSENG	ER 3	Market 199	C. S. WOOD STORY
Name					
Gender	Male 🗆	Female 🗆			
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CWELL WENCE ALL TIME		PASSENGI	ER 6		
Name					
Gender	Male 🗆	Female 🗆			
hit that the man for sold at a time success	THE REAL PROPERTY AND PERSONS ASSESSED.	OTHER INFOR	MATION		Service Services
Was anybody injured?	Yes 🗆	No 🗹			
Was other vehicle damaged?	Yes 🗩	No 🗆			
	DETAIL	S OF POLICE ST	ATION ACTION	Belleville Carle	L'AUX.
Reported to police?	Yes 🗆	No ≥ If y	es, please state whic	h police station	
Police station name					
Constitution of the first to be brightened to be		WITNESS	1	I Seed State	L. Martin
Name					
Market Adams of the Sala	al winds to i.	WITNESS	2		
Name					

	THIRD PARTY VEHICLE 1	Committee of the Commit
Vehicle registration number	GBE 30214	
Vehicle make model	Toyota Hiace	
Name	J	
NRIC / Fin / Passport number		
Contact	83333252	
	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD BARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact	Charles The San Electronic Transfer of the Charles	
	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
The Author and the Control of the Co	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 6	Brown Basic at the
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Gr. 的是ASEA (1967年) 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		INJURED PERSON 1	
Name		HOOKED I ERSON I	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No n	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	103	NO L	-
nospital by ambalance.			
Property and the same of the same of the		INJURED PERSON 2	
Name		INJUNED PERSON 2	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	103 🗆	No E	
		INJURED PERSON 3	
Name		III. SALES I ENSOTIO	200 100 100 100 100 100 100 100 100 100
Injuries sustained	1		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	100 0		
	ar Jenstein San	INJURED PERSON 4	
Name		INJURED PERSON 4	PERSONAL PROPERTY.
	4.7 mg m	INJURED PERSON 4	
Name Injuries sustained Which vehicle person in?		INJURED PERSON 4	Contact to the second to
Injuries sustained	Yes 🗆	INJURED PERSON 4	
Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗅		
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No   No   INJURED PERSON 5  No   No   No   No   No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   Yes	No   No   INJURED PERSON 5  No   No   No   No   No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No   No   INJURED PERSON 5  No   No   No   No   No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes - Yes -	No   INJURED PERSON 5  No   No   INJURED PERSON 6	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes	No   INJURED PERSON 5  No   No   INJURED PERSON 6	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes - Yes -	No   INJURED PERSON 5  No   No   INJURED PERSON 6	