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 25/03/2021 17:23 (SGT) Date of Accident 24/03/2021 19:30 (SGT) Exact Location of Accident Havelock Rd, Singapore Additional Location Information JUNC OF EU TONG SENG STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI A68347

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KENNETH EDWYN ERNEST NRIC No. SXXXX586F Email Address kennboyy@gmail.com Mobile Phone No (Phone) +65-92715775

Alternative Phone No +65-92715775

VEHICLE PARTICULARS

Manufacturer Honda Model **HRV** Variant

Exact purpose for which vehicle was being used at time of

Private hire accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto

CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number 5112114463-01

Cover Note Number

DRIVER

Name of Driver KENNETH EDWYN ERNEST NRIC No. SXXXX586F

Date Of Birth 28/01/1988 Occupation Outdoor Date Of Driving Pass 24/02/2014 Driving experience 7 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92715775 Alt. Phone Number +65-92715775 Email Address kennboyy@gmail.com Address BLK 249 PASIR RIS ST 21 Address complement #07-125 Postcode 510249 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 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? Nο PASSENGER 1 Name JACQUES MALZ Gender Male 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 ON THE 24TH MARCH AT ABOUT 19:30HRS I WAS DRIVING A PASSENGER FROM HAVELOCK RD TWDS EAST COST RD ON THE 2ND STRAIGHT & TURNING LEFT LANE. WHEN LIGHT TURNED GREEN, I MOVED GRADUALLY FORWARD INTO THE YELLOW BOX.SUDDENLY VEH B FROM MY RIGHT STRAIGHT LANE MAKE A LEFT TURN AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident HAVEN'T RETRIEVE Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

SGX3666A

Toyota

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vios Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEE MOSES NRIC No SXXXX252G Contact Number 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 JACQUES MALZ
Phone (Phone) +65-91076254

Email

SKETCH PLAN

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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' 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
- (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
- (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.

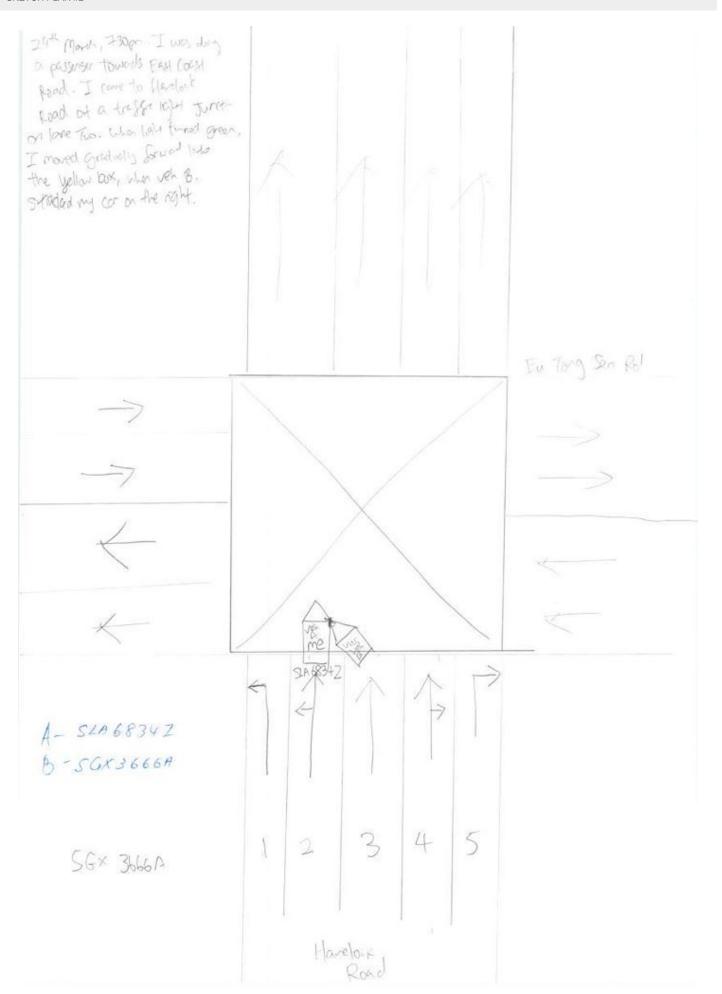
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AS ACR ATTACHED



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