SY0A21430001 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 03/04/2021 10:56 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (03/04/2021 10:56 (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.
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/04/2021 10:56 (SGT) 01/04/2021 14:38 (SGT) Thomson Rd, Singapore THOMSON ROAD TOWARDS LORNIE ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

PC1355P

Yes

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Company Reg No

**Email Address** Mobile Phone No Alternative Phone No EZ BUZZ PTE. LTD.

2XXXXX597D

FINANCE@EZBUZZ.COM.SG

(Phone) +65-89420568 (Home) +65-89420568

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 Transmission

CC

Mitsubishi Rosa

Employment

No - Claiming third party

Bus Manual 4214

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver Work Permit No Liberty Insurance Pte Ltd ThirdPartyFireTheft

No C0105325

BU LI GXXXX564R Date Of Birth 17/06/1989 Occupation

Outdoor Date Of Driving Pass 10/11/2014 Driving experience

Gender

Mobile Number (Phone) +65-89420568

Alt. Phone Number

**Email Address** FINANCE@EZBUZZ.COM.SG Address 23 KAKI BUKIT ROAD 4 #01-22

6 YEARS AND 5 MONTHS

Male

Address complement Postcode 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 Chain Collision

Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 4

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name **STUDENT** Gender Male

PASSENGER 2

Name STUDENT Gender Male

PASSENGER 3

Name STUDENT Gender Female

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 ATTACHED

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 GBH7917T

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number XE4480K

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)

tunderstand, at leasy ledge, agree and concept that

- (a) My insurer , my wickshop and the General insurance Association of Singapore ("GIA") may/are parmited to epicot, use, is solven. minim process my personal data/personal information set out in this [Fining and any other personal information provided by me or possential by my insurer (cofectively the "Personal Information") and disclose anality notice such Personal information to a insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) with have insured vehicle(s) involved in this accident shall be i offectively referred to as the "Insurers"), the Insurers tawyers lawyers the Monetary Authority of Singapore and any relevant government agency/outhority (such as the police), for the purpose(s) of
- (i) processing. Facility and its downs with my claims delicable the sottlement of the claims and may necessary investigations relating to the cares
- (ii) investigating the accident and/or by claims
- (iii) carrying out and/or dealing with my instructions or responding to any engaines by me,
- (w) attrimistioning my claims (including the mailing of correspondence, statements, www.deg. reports or notices to me, which could involve itsplosure of cortain personal data about me to bong about delivery of the carns as within on the external opver of envelopes/mas packages), accre-
- (v) complying with applicable few in administration, processing introding and or dealers with my states.
- (collectively the "Purposes")
- (b) all matter(s) who have insured veholo(s) involved in this accident and the haurers (law yers law) may have permitted to collect use, dealese additionable by Busined Mormillag for one or more of the above Burpases, and
- (c) my Reisonal Information may/can be disclosed by any of the historers undfor GM to their third garty service providers or agents medicing thes law year-law firms), which may be side outside of Singarone, for one or more of the above Purposes



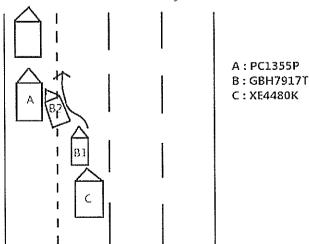
Poboyno der's Signature / Date & Time

Sketch Plan

Driver's Schalture of driver a not the solovic days / Date

& Time

Videsped by Reporting Centre eel.



C: XE4480K

Describe Circumstances of the	Accident		
<u>I was travelling straight at m</u>	ost left lane and my ca	r was stopped and st	ationary while waiting for
front vehicle to move forwar	d. Out of sudden, I felt	a strong impact fron	n my right portion.
CAR B are on my rear right p	ortion and wanted to o	hange into my lane b	out due to traffic jam he failec
on change into my lane. Out	of sudden, CAR C una	ble to stop in time ar	nd collided into CAR B and
the strong impact pushed Co	AR B to move forward:	and collided into my	vehicle.
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