SS1Y21480007-01 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 08/04/2021 13:05 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 2 (08/04/2021 16:47 (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	08/04/2021 13:05 (SGT)
Date of Accident	07/04/2021 12:00 (SGT)
Exact Location of Accident	2 Ang Mo Kio Dr, Singapore 567720
Additional Location Information	ANG MO KIO ITE COLLEGE CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC82H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNITED TRANSWARE PTE LTD
Company Reg No	2XXXXX810H
Email Address	stevenlim@unitedtransware.com.sg
Mobile Phone No	(Phone) +65-84849686
Alternative Phone No	+65-84849686

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117106550-01-000001
Cover Note Number	-

DRIVER

Name of Driver	LIM POH SOO
NRIC No	SXXXX593H

Date Of Birth	06/05/1956
Occupation	Indoor
Date Of Driving Pass	03/09/1976
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84849686
Alt. Phone Number	-
Email Address	stevenlim@unitedtransware.com.sg
Address	BLK 404 BUKIT BATOK WEST AVE 7 #13-16
Address complement	-
Postcode	650404
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

I WAS TRAVELLING ALONG ANG MO KIO ITE COLLEGE CENTRAL CARPARK. SUDDENLY, VEHICLE B SHOT OUT FROM THE PARKING LOT AND COLLIDED WITH THE LEFT SIDE OF MY VEHICLE. I HAVE NO TIME TO REACT AND AVOID.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA3150X
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM POH SOO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC82H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability or the validity of the insurance [illegible]
5. 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 for the purpose of [illegible] Assessment of Motor Accidents (AMA) reporting and that upon request 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 the use of the report by the parties mentioned above.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) I/We hereby give notice and my/our Motor Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data (personal information of a certain and identifiable individual) that is in our possession or control (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers/underwriters (collectively the "Insurers"), the Insurers' lawyers/law firms, the Motor Accidents Authority of Singapore and any of their respective agents, contractors or third party service providers, for the purposes of:

(i) assessing, handling and/or dealing with any claims including the settlement of the claim and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) [illegible] and/or complying with any instructions or responding to any enquiries by me;

(iv) [illegible] which could involve disclosure of certain personal data about me to bring about delivery of the [illegible] reports or notices to me, [illegible] and/or

(v) complying with applicable laws, [illegible] (collectively the "Purposes");

(b) All insured who have/have not been involved in the accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for [illegible] Purposes;

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers/agents for storage, [illegible] and/or [illegible] of [illegible] for one or more of the above purposes;

(d) my Personal Information will also be collected and used to enable [illegible] in relation to the accident and on future claims.

(e) the information collected under (a) above may be disclosed / released:

(i) to all insurers and/or any other third parties that GIA is required, [illegible] contractual or legal obligations, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for [illegible] with any [illegible] laws or statutes.

Policyholder's Signature
Date & Time

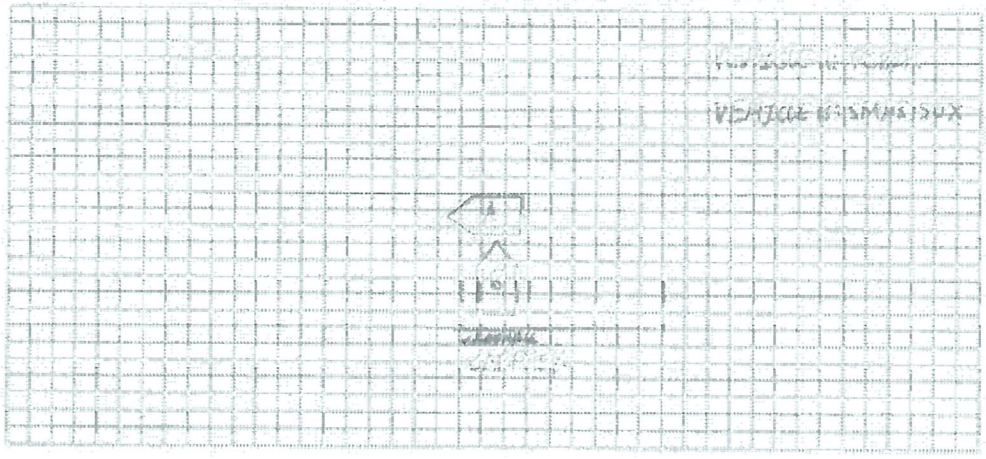
Driver's Signature
(if driver is not the policyholder)
Date & Time

Name of the Authorised Driver
Name,
NRIC or No.

RIDER AUTO

SKETCH PLAN #2

SKETCH PLAN: ANG MO KIO ITE COLLEGE CENTRAL CARPARK BLKF



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Authorise GME to send the report to Ryder Auto Pte Ltd

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(if driver is not the policyholder)	Name:
	Date & Time:	[illegible]

IMAGES