SS2121460001 / STA Inspection Pte Ltd[575627] ENTRY DATE & TIME: 06/04/2021 16:44 (SGT) SUBMITTED BY: Mohamad Farez Bin Jalil VERSION: 1 (06/04/2021 16:44 (SGT))

Your NCD will be affected due to late reporting



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.

- 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

06/04/2021 16:44 (SGT) 24/03/2021 17:00 (SGT) Ulu Pandan Rd & Holland Rd, Singapore ULU PANDAN RD AND HOLLAND RD INTERSECTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

EY1200S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No Alternative Phone No

No

WEE TENG WEN

S8029693B

teng@lobehold.com

(Phone) +65-96179123

+65-96179123

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

Porsche

911 C-4 COUP

Private use

Yes

Private car

Manual

3600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

United Overseas Insurance Ltd

Comprehensive

DHOM110167801900

DRIVER

Name of Driver NRIC No

WEE TENG WEN S8029693B



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

Collision - Major/Minor Rd

Raining Wet

No

2

No

Yes

2

No

23/09/1980

13/09/2016

+65-96179123

4 YEARS AND 6 MONTHS

(Phone) +65-96179123

teng@lobehold.com

72 GRANGE ROAD

Indoor

Mala

#02-01

249576

Yes

Nο

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

RICHMOND TEO Gender

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

Nο No

CIRCUMSTANCES OF ACCIDENT

(TYPE OF ACCIDENT - HEAD TO SIDE)

Ì WAS ON ULU PANDAN RD GOING TÓ TURN RIGHT INTO HOLLAND RD. IT WAS RAINING HEAVILY. THE LORRY WAS GOING SLOWLY AND VEERING LEFT. I THOUGHT THE LORRY WAS GOING TO TURN LEFT ONTO THE SLIP RD BUT HE ENDED UP DRIVING STRAIGHT. THE LORRY TRIED TO SLOW DOWN BUT COLLIDED WITH MY CAR AND PUSHED ONTO THE CURB. MINIMAL DAMAGE TO LORRY BUMPER AND HEADLIGHT. MY CAR DOOR AND BODY WAS DAMAGED. THE UNDERCARRIAGE, REAR WHEELS WERE DAMAGED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

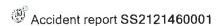
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

GBE8901Y

Toyota



Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Dyna
Blue
Commercial vehicle
YEO SOON HOCK
S1694449A

FRONT BUMPER & HEADLIGHT

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SKETCH PLAN

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- 3. Information provided must be as truthful and accurate as possible. Any widul insceptes entation or withholding of material facts may allow insurance companies to regulate 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.
- 5. Any false reporting may be referred to the Police for investigation
- 6. The report will be forw arded by the insurers of the GM Records Management Centre established by the General Insurance Association of Singapore (GM) for profitting and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the ledgement 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 avoilable aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(ii) My insurer in my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use disclose another 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 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 :

(ii) 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;

(ii) 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 discosure of certain personal data about me to bring about delivery of the same as wiet 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.

(calectively 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 angler process my Personal Information for one or more of the above Perposes, 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.

Folloynelder's Signature / Date 8
Time

Diver's Signature (Fidiner is not the policyholder) / Date
Personnel

Application

| Describe Circumstances of the Accident |
|---|
| I was on will Panden Rd going to but night with Hollant and |
| |
| It was raining Leavily. The lurg was going shorty and veering |
| |
| left. I thought the long was going to him left into the |
| Step rd but he ended up driving shought. |
| The long fried to Stow down but collided with my Cor and |
| pasked anto the Cust. In monal damage to long hunger and handly |
| my car door and bidy was damaged. The under corrage, |
| rear wheek were damaged |
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Declaration

We declare the foregoing particulars are true in every respect.

Potcyholder's Signature / Date & Time

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

Witnessed by Renderling Centre Personnel











