SM0G212H0004 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 17/02/2021 16:21 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (17/02/2021 16:21 (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.

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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 17/02/2021 16:21 (SGT) Date of Accident 10/02/2021 16:00 (SGT) Exact Location of Accident Jln Tua Kong, Singapore Additional Location Information **OUTSIDE CRESCENDO PARK** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBK3538P

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **UKA LEASING PTE LTD** Company Reg No 201105072Z **Email Address** QASAUTO2011@GMAIL.COM Mobile Phone No (Phone) +65-67429983 Alternative Phone No +65-81334261

# VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

## INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5111756127 Cover Note Number

## DRIVER

Name of Driver ZAINAL BIN JAMIL NRIC No S95375831 Date Of Birth 13/10/1995 Occupation Outdoor

Date Of Driving Pass 30/06/2014 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-81334261 Alt. Phone Number Email Address BOYZAC.ZAINAL@GMAIL.COM Address BLK 298C COMPASSVALE STREET #01-88 Address complement Postcode 549298 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Major/Minor Rd 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? 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 STOPPED AT A DISTANCE BEFORE THE ENTRANCE OF THE CONDO AND SIGNAL LEFT TO TURN INTO THE CONDO. TAXI (SHC3265Y) REVERSED WITHOUT CHECKING HIS BLIND SPOT AND REVERSED INTO MY VEHICLE FRONT RIGHT PORTION. 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 SHC3265Y Vehicle Manufacturer Vehicle Model Vehicle Variant

SIM LING ZHOU

(Phone) +65-97478776

Accident re	eport S	M0G2	12H0004

Vehicle Colour
Vehicle Category
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

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- By the lodgment 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) 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

TIE LID

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

Date & Time:

oolicyholder) 1子121 221 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

	cond	o (crescendo Park)
SKETCH PLAN  Jalan Tua	Kong B	<b>5</b> . L
		A= GBK 3538
		13 = SHC 3265
I stopped and Condo and Taxi (stopped blindspot and portion.		re the entrance of the turn into the condo.  Without Checking his my vehicle front right
DECLARATION  I/We declare the foregoing oar  Policyholder's Signature  Date & Time:	ticulars are true in every respect.  Driver's Signature (If driver is not the policyholder) Date & Time: 17(2)22)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:















