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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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

- A. 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	16/08/2021 12:11 (SGT) 14/08/2021 12:06 (SGT) CTE, Singapore TOWARDS AYE (ANG MO KIO AVENUE 1 FLYOVER
Country/State of Loss	Singapore Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMD9661H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No	No TAI YEK SUAN SXXXX989E a3669j@gmail.com (Phone) +65-93805419

+65-93805419

#### VEHICLE PARTICULARS

Alternative Phone No

Manufacturer

Maidacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of	
	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497
	1 10 /

#### INSURANCE COMPANY

#### DRIVER

Name of Driver	TAI YEK SUAN
NIDIO NI-	IAI IEN SUAN
NRIC No	 SXXXX989E

Date Of Birth 31/07/1967 Occupation Indoor Date Of Driving Pass 15/05/2001 Driving experience 20 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93805419 Alt. Phone Number +65-93805419 Email Address a3669j@gmail.com Address BLK 766 YISHUN AVENUE 3 #07-291 Address complement Postcode 760766 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 SJW380M Vehicle Manufacturer Toyota Vehicle Model Estima Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver	AI BERD
Contact Number	ALDEND
Address	
A	-
Postcode Postcode	· =
Insurance Company Name	
Nature Of Damage	3. <del></del>
Details of property damaged in socident	-
	-
No. Of Passenger (Including Driver)	

# IMPORTANT NOTICE

- 1. Rease 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 withholding of material facts allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fiability 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 Associat
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, 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(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 & Time

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

Witnessed by Reporting Centre

& Time

Sketch Plan

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might consult doctor later.
Total P

# Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time /

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

Intressed by Reporting Centre Parsonnel

	PRIVOTE HIRE
Date of Accident	: 14. 08. 2021 Accident Time: 12 06 (24-HR-Format)
Accident Place	CTR towards AYE ( AMIL AVE I Flyove
Vehicle No. (Car Plate No.)	: SMP 9661 H Make/Model: Toyoth VIOS
Insurance Company	: FWO Policy No: PNCV 2019 - 1000/063
Owner or Company Name / IC No.	: TAI YEK SVAN 52616989E
Owner or Company Contact No.	: 93805419 Owner's Hp Company Tel
DRIVER'S Name/IC No.	: Same as owner
DRIVER'S Date of Birth	: 31-07-1967 DRIVER'S License Pass Date: 15-05-2001
Relationship of Owner & Driver	: Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address  DRIVER'S Contact No./ Alt No.	: Bllc 766, 415hm Ave 3 \$407-291, 5(760766) :1) 93805419 2)
DRIVER'S Occupation	
Email Address	: NDOORY OUTDOOR (e.g. working inside or outside office)
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party   Claim Own Insurance
Number of Passengers (Including Dr	iver): Of Priver (Thi yell Guan) Dreiver
	iver): 01 Priver (Thi yele Sunn) Dreiver
Was there any video Captured by ca	r camera: YES / NO
	being used at the time of accidents Private Use / Work Purpose
Any injury (If YES, Pleas state):	
	Other Party Driver's Particular (if any)
Vehicle No : 50W	venice NO :
	ta Estima Vehicle Make/Model :
Name Driver : Alb	Name Driver :
IC No. Driver/Contact: :	IC No. Driver/Contact: :
Passenger's name & gender:	Xinhua workship @ gmail com



# CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00001063-01

Car plate number

: SMD9661H

Coverage start date: 13/09/2020

Coverage end date: 12/09/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tai Yek Suan

NRIC/FIN: \$2616989E

Address: 766 Yishun Avenue 3 #07-291 Singapore 760766

Email: Taisybille@yahoo.com.sg

Mobile Number: 93805419

Date of Birth: 31/07/1967

Gender : Female

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA VIOS 1.5

Year of first registration: 2018

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): \$\$1,799.08

Finance company: Hong Leong Finance