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 17/08/2021 10:40 (SGT) Date of Accident 16/08/2021 16:55 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG FOOD HUB LEVEL 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMQ41447

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG PEI SZE ESTHER (WU PEISHI ESTHER) NRIC No. SXXXX632A Email Address ESTHERNG69@GMAIL.COM Mobile Phone No (Phone) +65-91059909 Alternative Phone No +65-91059909

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant HONDA / VEZEL 1.5X CVT 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 car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5115181368-01 Cover Note Number

DRIVER

Name of Driver CHOW KIT MUN (ZOU JIEWEN) NRIC No. SXXXX234J

Date Of Birth 26/03/1976 Occupation Indoor Date Of Driving Pass 05/01/2010 Driving experience 11 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91059905 Alt. Phone Number Email Address MICHAELCHOW13@GMAIL.COM Address APT BLK 265A COMPASSVALE LINK Address complement 12-203 Postcode 541265 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Collided into Parked Vehicle 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? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT MY VEHICLE WAS STOP AT A INDUSTRIAL BUILDING. ONE OF THE COMPANY IN THE INDUSTRIAL BUILDING'S STACKER WAS LOADING AND UNLOADING GOODS NEARBY BACK, SWING BANG INTO MY VEHICLE. CUASING DAMAGE ON THE LEFT PORTION OF MY VEHCILE. 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 **STACKER** Vehicle Manufacturer

Goods vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Vehicle Model

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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- 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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- 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.

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
- (i) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

w 17/8/2

Sketch Plan

A= SMU 41442

B: Stacker.
(SVON HIN FOOD)

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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 & Time

Witnessed by Reporting Centre Personnel

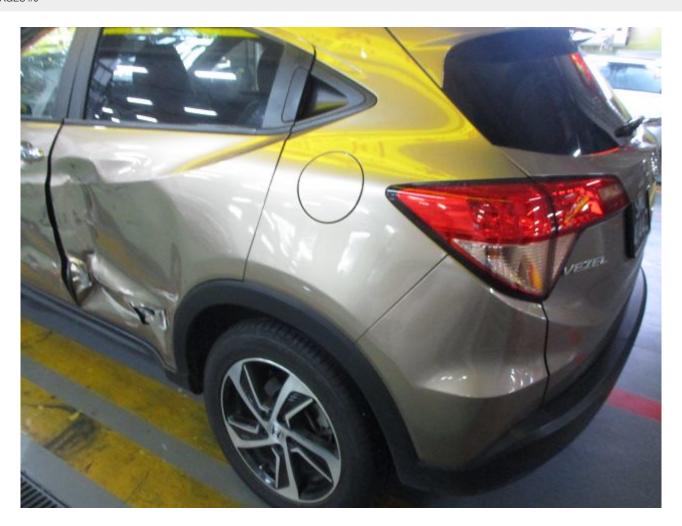




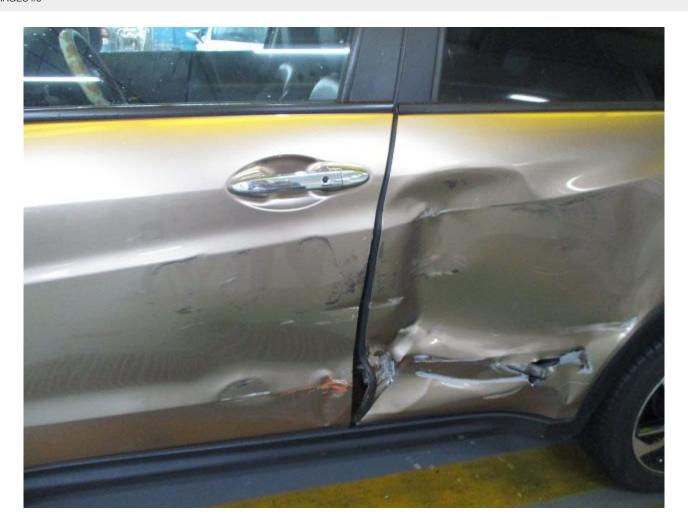














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	NUM										
	PARTICULARS OF PERS	ON MAKING THE AMENDMEN	rs:										
	Original Report No :_	SURY840001	Vehicle Registration N	o: Sma 41442									
	Name(as shownin NRIC) :	ChowKAMun	NRIC/FIN/Passport No	: >347									
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate												
	Address :			Singapore(
	Contact (Tel) :	:Mobile No. :											
	Email Address :												
	Date of Accident :	16/8/n	Time of Accident :	16-58									
		Jurong Food Hub Level 3											
	Insurance Company:	U	NTILL										
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Date:

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