F11	

KEF:

CS/CTI21010296/Aqy3

Estimated Cost OD / TP / WS / TP RES / OD RES / EVA / INV / INV To inspect Vahide No: at Windship m/s of Truck / Trailer or Make: Policy Vahide No: Claims No. SNM21D205608/C02 Sum Insured: Policy No. Claims No. SNM21D205608/C02 Sum Insured: Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Remark: The veh had commenced its repair at the time of Inspection. Remark: The veh had commenced its repair at the time of Inspection. Remark: The veh had commenced its repair at the time of Inspection. Remark: The veh had commenced its repair at the time of Inspection. Repair at the time of Inspection. Remark: The veh had commenced its repair at the time of Inspection. Repair (Port / Burnt or Modi: Nil / Or Nod / FS / LIZA / Milc / Or / TS / S / Z / D. Repair (Port / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / Z / D. Repair (Port / S / S / S / S / Z /	ASS	IGNMENT
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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
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/09/2021 14:13 (SGT) 30/09/2021 10:50 (SGT) 27 Tampines Street 34, Singapore 529235

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH3356H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes ONESTO LEASING PTE LTD 2XXXXX843R Isjleslie@gmail.com (Phone) +65-84890969 (Home) +65-84890969

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident

Renault Scenic

Private hire

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party

Vehicle Category Transmission

Private hire Auto

CC

1461

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

NTUC Income Insurance Co-operative Ltd Comprehensive Yes 5121226485

DRIVER

Name of Driver NRIC No

Policy Number Cover Note Number

> LESLIE LEOW SHI JIE SXXXX471F



13/01/1992 Date Of Birth Outdoor Occupation 11/11/2010 Date Of Driving Pass 10 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-92347850 Mobile Number Alt. Phone Number Isileslie@gmail.com Email Address **BLK 26 MARSILING DRIVE** Address #12-217 Address complement 730026 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 AFTER RAIN 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?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SMP3986Y

 Vehicle Manufacturer
 Hyundai

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number
 (Phone) +65-97642309

 Address

 Address complement

Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accid-	ent
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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. 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.
- 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)

l 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' 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 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 malling 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")

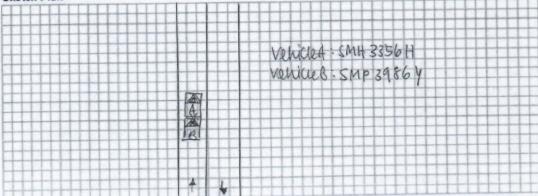
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

e / Date & Policyholde

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

Witnessed by Be

Sketch Plan



Describe Circumstances of the Accident	
on the stated date and ti	me, I relicte A har come to a complete e to trought infront. Suddenly, I felt a huge enicle. I then come down to cheek and who have collided onto my relice.
stop on the stated venue du	e to traffic infront. Suddenly, I felt a huge
mpact on the rear of my v	ehicle. I then come down to cheek and
near sed that It was rehicle &	who have collided onto my vehicle.
2486 20111-2-11-2-11	

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel