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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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.

4. The issue and acceptance of this Police for investigation.

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 o, this report will be conveniently the insurers of the cavellable upon application by interested parties.

7. By the ladgement 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

08/10/2021 15:16 (SGT) 07/10/2021 15:30 (SGT) Jln Masjid, Singapore JALAN MASJID TOWARDS CHANGI ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMR6410L

INSURED/POLICYHOLDER

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

Yes WANLI 53338890B HELLO@WANLI.COM.SG (Phone) +65-88229900 (Home) +65-88229900

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

Honda Shuttle

Private hire

No - Claiming third party Private hire

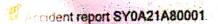
Auto

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5115554754-01

Name of Driver NRIC NO

TAN RUSHEN S8137579H



of Birth pation

to Of Driving Pass iving 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 BY ORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

soliciting/offering accident claims assistance?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

Yes No No

Yes Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

20/11/1981

09/12/2008

12 YEARS AND 10 MONTHS

(Phone) +65-88229900

HELLO@WANLI.COM.SG

Collision - Head to Rear

APT BLK 635A SENJA ROAD #34-265

Outdoor

Mala

671635

No

No

Child

Clear

Dry

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

GBK1398P Toyota Dyna

Commercial vehicle

Acadent report SY0A21A80001

Page 2 of ?

Scanned with CamScanner

Acress complement

ostcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code

Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SMR6410L Yes No

SKETCHPLAN

IMPORTANT NOTICE

- T. Pease report <u>contractly</u> the details of the accelerate spread up the claire process ? This formeries he completed by the Policyholder and/or the Authorised Orbits
- 3. Efformation provided must be as truthful and accurate as possible. Any will manapresentation or winnessing of manager facts may
- 4. The leasue and acceptance of this Form by insurance companies is not an admission of policy lability on the part of the insurance s. And takes reporting man be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GBA Records Management Centre established by the General Insurance Association
- of Singapore (CSA) for excisiving and that copies of this report will for a fee be made available upon application by interested parties. 7. The time iconserved on the report to the insurers, you hereby consent to the entiring of this report at the centre and to copies of the 8. Consent under the Personal Data Protection Act (PDPA)

bumberstand, acress ledge, agrees and cressent that

- (s) My insurer, my workshop and the General heurance Association of Singapore ("GIA") may/are permitted to collect, use, decides and/or process my personal detaipersonal information set out in this flornil 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 making vehicle(s) knothed in the ecotion (of making(s) who have signed vehicle(s) involved in the socialist shall be collectively referred to as the "Insurers"; the Insurers' lawyers/law firms, the Nonetery Authority of Singapore and any relevant government agency authority (such as the police), for the purpose(s) of
- (ii) processing, handling sintror dealing with my claims including the settlement of the claims and any necessary investigations relating to
- til) investigating the accident and/or my claims:
- (b) carrying out and/or dealing with my instructions or responding to any enquries by me;

ht Jasra fectours.

- (b) additivatering my claims (including the making of correspondence, statements, involves; reports or netices to me, which could involve discipline of certain personal data about me to bring about delivery of the same sa well as on the external cover of envelopes/met
- (v) complying with expeciable law in edministering, processing, handling and/or dealing with my claims (schestraly the "Purposes")
- (b) all insurer(e) who have insured vahicle(a) 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 haurers end/or CSA to their third party service providers or agents (rectuding their sew yers.new 1976), which may be seed outside of Singapore, for one or more of the above Purposes.

Policyholder's Sig

Sketch Plan

Orwer's Signature (If driver is not the policyholder) / Date & Terre

Witnessed by Flaboring Centra

Vokele A: SMREGIOL

WALLES GBK1398P

Akatam

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Declaration

into visiting the foregoing particulars are true in every respect.

Pokrykoloer'e Signature / Dela &

Other's Signature (9 driver is not the policytokier) / Date & Time

Witnessed by Reporting Centre Personnel