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.

 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 21/10/2021 15:36 (SGT) Date of Accident 21/10/2021 09:15 (SGT) Exact Location of Accident Singapore Additional Location Information 35 YISHUN INDUSTRIAL PARK A CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV9326C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG CHEONG BOON NRIC No. S2750886C Email Address NGCHEONGBOON@HOTMAIL.COM Mobile Phone No (Phone) +65-91060798 Alternative Phone No +65-93242882

VEHICLE PARTICULARS

Manufacturer Toyota Model ESTIMA AERAS 2.4 A Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 2020-V0099399-VAW-R004 Cover Note Number 29/12/2020 - 28/12/2021

DRIVER

Name of Driver NG GAU WEI NRIC No. S9374810G

Date Of Birth 10/05/1993 Occupation Indoor Date Of Driving Pass 06/05/2013 Driving experience 8 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-93242882 Alt. Phone Number Email Address NGGAUWEI@HOTMAIL.COM Address BLK 307A ANCHORVALE RD #06-36 Address complement Postcode 541307 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 Collided into Property 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? 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 **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 REFER TO THE ATTACHED SKETCH PLAN BY DRIVER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY4310T Vehicle Manufacturer

 Vehicle Registration Number
 SMY43101

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 CHUA SOON HENG

 NRIC No
 \$7321882I

 Contact Number

 Address

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

21/19/2	021	35 Yilliam Industrial
y Vehicle A: SGV 932	7 Time: 9:15am Loc 6 Vehicle B: MY 4	Sation: Our K. A. — Car Park
CETCH PLAN		
	= A	
	[5]	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
A+ 9:152m, W	in vanicle A CAIL in statio	nan motion this adjusting steeri
wheel to park	While Bundering	Fricked beam vende A.
Veh B	: Chur Soo	n Henj
	5 73 >	×188>±
Claim OD/TP at Ah Lir	m Motor	ther workshop Reporting Only
	a copy of my efile accident report to:	
Note: Please take note tha	it your insurer have 14 days timefram ck with your own insurer for more in	e for you to submit own damage claim under formation.
ECLARATION We declare the foregoing partic		
Company partic	M/	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

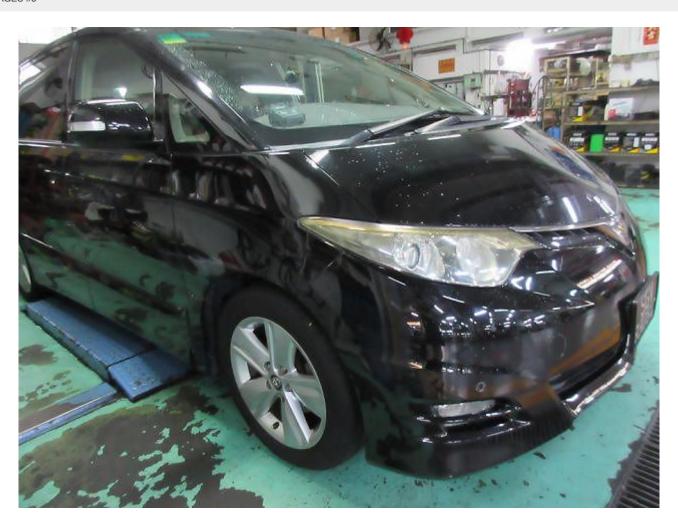
Policyholder's Signature Date & Time;

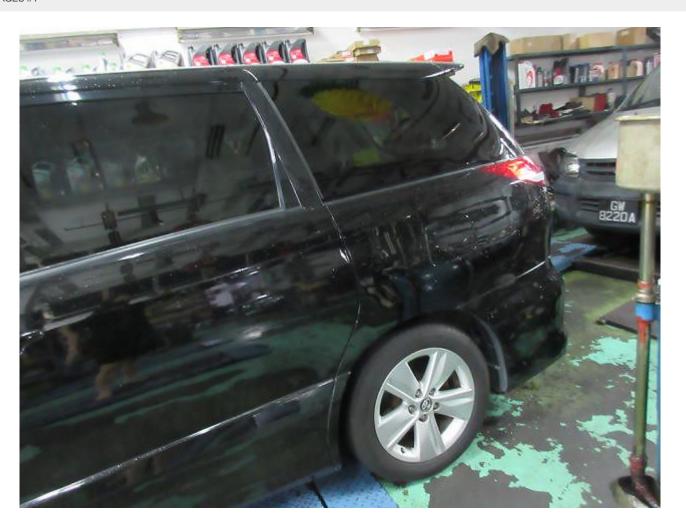
Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

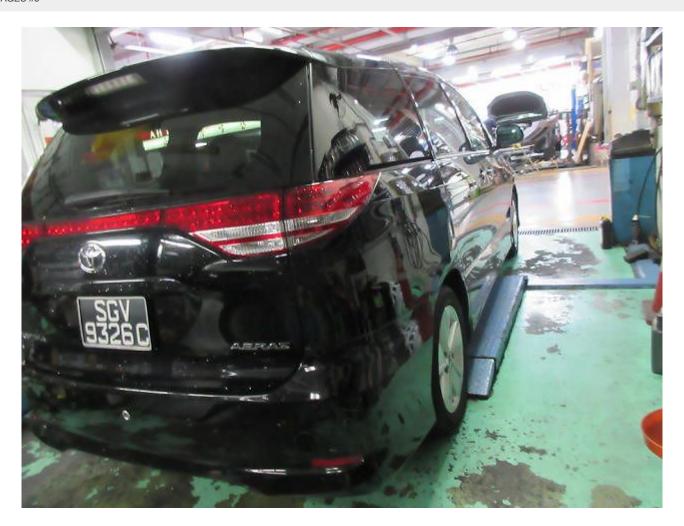
Variable Committee Committ

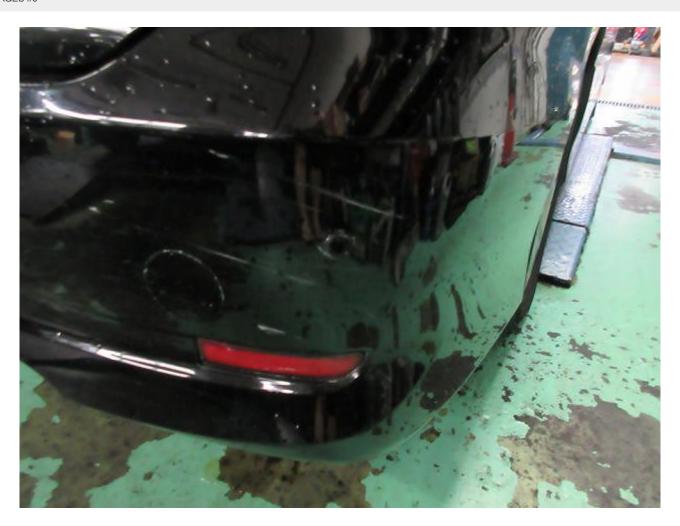






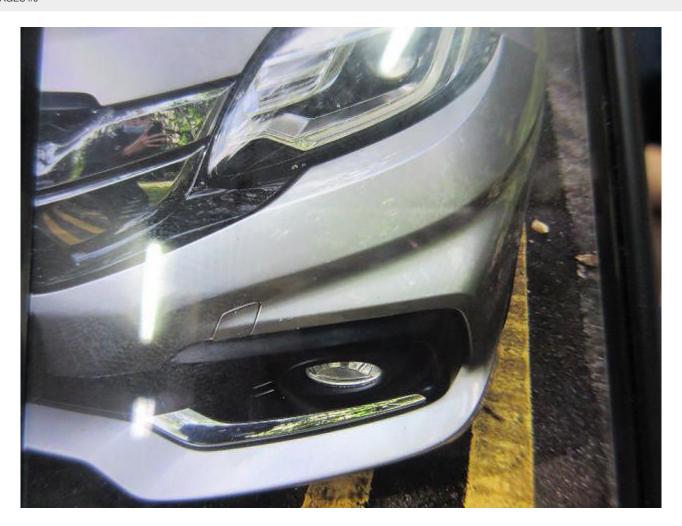




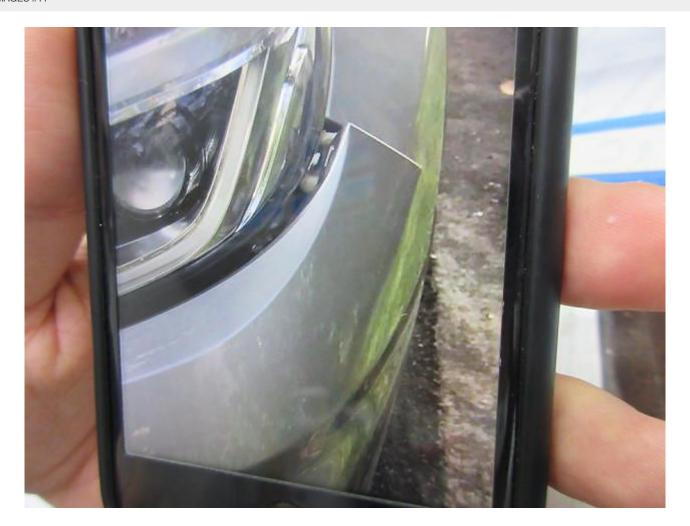












For Customer Service please visit 1 Pictering Street #01-01 Great Eastern Centre Tel: >65 5248 2888 Fax; +65 6327 3080

Renewal Certificate



ORIGINAL

Mane Address MR WA CHEONE BOON

POTE -MCHORVALE ROAD \$04-3E

ANCHORVALE PLACE SIDMAFORE 541307

Policy No.

: 2020-Y0099399-VAW-R004

Policy Type : AutoWise

Policy Period : 29-12-2020 to 28-12-2021 Date of Issue : 23-12-2020 Singapore

Agency No. : D0000250 Gross Premium : SGD**********350.28

IMPORTANT NOTICE

We would remind you that you must disclose to us, fully and faithfully, the sour teach you know or ought to know, otherwise, you may not receive any penefit; from you policy. Please ensure that this document is prepared forrect.y. If any error is found, please return it immediately to the company for correction.

In consideration of the Insured having applied and having paid or agreed to pay the stated premium herein the insurance is hereby continued inforce for the period shown herein. This document is to be read in conjunction ith the Terms, Conditions, Warranties, Clauses and endorsements in your oxigina. policy/certificate (unless subsequently amended).

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg)

fetails of Coverage :

Description

Fish Number: 1 AutoWise

Particulars of Motor Car:

Registration Number: SGV9326C

Jake : TOYOTA ESTIMA AERAS 2.4 A
Type of Body : MPV
Tubic Capacity : 2362.00
Tear of Manufacture: 2007 Engine Number : 2AZF035618 : ACR500038755 Chassis Number Tum Insared : Market Value

Tros .f Cover : Third Party, Fire & Theft

Annual Premium Basic Premium SGD 1,053.49 Less NCB (50.000%) SGD 526.75 Less SDD (05.000%) SGD 26.34 ----Total Due: SGD 500.40

STERNING

Excess Type : SECTION I (FIRE/THEFT)

Standard Excess

Subject to Clauses, Warranties, and Endorsements applicable and attached hereto :-EMDT 3(Q) - THIRD PARTY FIRE AND THEFT

24 7 7 7

Page - 1-... 2/

GST Regn No. M90366503P

Limit

Great Eastern General Insurance Limited (Reg. No. 1920 00003W) Grant Bastern Holdings Limited)

Visit Control Con

