

方商昭喷漆 POON SIANG SEOW

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No: 05396600K

Our ref.: GBK50Z

Date: 22/11/2021

Time: 345PM

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

FAX; 62247175

Attn.; Motor Claims Department

Dear Sirs

ACCIDENT ON 22/11/2021 INVOLVING GBK50Z AND SLH 2956U ALONG MANDAI ROAD WITH MANDIA LAKE ROAD

We are instructed by UPMS PTE LTD of GBK50Z

,the owner

You are the insurers of motor car no. SLH 2956U

We are instructed to give you 48 hours Notice for the per-repair inspection under NIMA Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722 Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

SL0321BM0008 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: -SUBMITTED BY: [To Be Confirmed] VERSION: 1 (22/11/2021 14:47 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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

22/11/2021 11:05 (SGT)

Mandai Rd, Singapore junction with Mandai Lake Road

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK50Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

YAS

UPMS Pte Ltd

2XXXXX405M urbanparks@hotmail.com

(Phone) +65-96381464

(Office) +65-65696250

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

Mitsubishi

Canter

Employment

No - Claiming third party

Commercial vehicle

Auto

2998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Liberty Insurance Pte Ltd

Comprehensive

SI21V10857/VCH/R02

DRIVER

Name of Driver

NRIC No

Rajendran S/O Sinasamy

SXXXX181Z

(Draft) Date Of Birth 14/01/1964 Occupation Outdoor Date Of Driving Pass 21/03/1984 Driving experience 37 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-96381464 Alt. Phone Number **Email Address** urbanparks@hotmail.com Address Blk 910 Jurong West Street 91 #02-271 Address complement Postcode 640910 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SJQ500R Insurance Company of Other Vehicle Owned by Driver 1 AXA Insurance Pte Ltd Vehicle Registration Number of Other Vehicle Owned by Driver SJJ81U Insurance Company of Other Vehicle Owned by Driver 2 Tokio Marine Insurance Singapore Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry 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? 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

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

Yes No Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH2956U Vehicle Manufacturer Tovota Vehicle Model Harrier Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Tan Poh Ling NRIC No SXXXX720C
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.
- 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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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 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

(c) my Personal Information may/can be discluding their law yers/law firms), which	may be sited outside of Singapore	, for one or more of the	e above Purposes.	
	iver's Signature (If driver is not the Time 2 2 NOV 2021	1 4	Witnessed by Reporting Centre Personnel Angle Soh n and St. Lave Road	
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B SLH 2956U

Describe Circumstances of the Accident
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In the word.

Declaration

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

Policyholder's Signatured Date & Time 2 2 NOV 2021

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

2.2 NOV 2021

Witnessed by Reporting Centre

Personnel

Angie Soh