

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 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. 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 30/11/2021 17:29 (SGT)
Date of Accident 30/11/2021 08:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information KAKI BUKIT AVE 1 SHUN LI IND PARK CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8827Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIN LEONG LEE COFFEE PTE LTD
Company Reg No 2XXXXX120N
Email Address myboss@singnet.com.sg
Mobile Phone No (Phone) +65-88975096
Alternative Phone No +65-88975096

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MR001836-R01
Cover Note Number -

DRIVER

Name of Driver XING YIMING
Passport No/FIN GXXXX214P

Date Of Birth	25/07/1979
Occupation	Outdoor
Date Of Driving Pass	26/06/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88975096
Alt. Phone Number	-
Email Address	myboss@singnet.com.sg
Address	15 SENOKO DRIVE
Address complement	#07-07 JTC FOOD HUB @ SENOKO
Postcode	758202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBF9421D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
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	XING YIMING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF8827Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

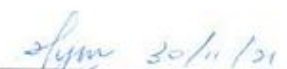
I understand, acknowledge, agree and consent that :

(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 :

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

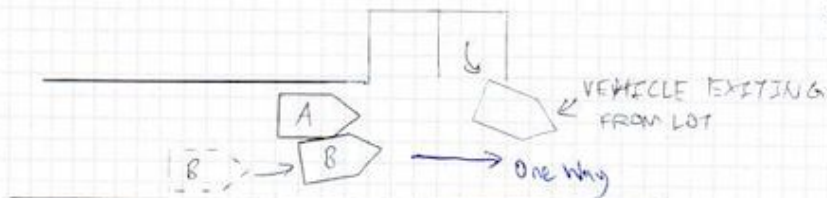
 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

KAKI BUKIT AVE 1 SHUN LI IND PARK CARPARK

A: G8F8827Z

B: G8F9421D



Describe Circumstances of the Accident

I WAS AT KAKI BUKIT AVE 1 SHUN LI IND PARK CARPARK. VEHICLE AHEAD OF ME WAS EXITING FROM HIS PARKING LOT. VEHICLE B OVERTOOK ME ON A ONE-WAY ROAD AND COLLIDED WITH MY VEHICLE, RESULTING IN THE DAMAGE TO MY FRONT RIGHT PORTION.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the specified timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time




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

 30/11/21
Witnessed by Reporting Centre Personnel





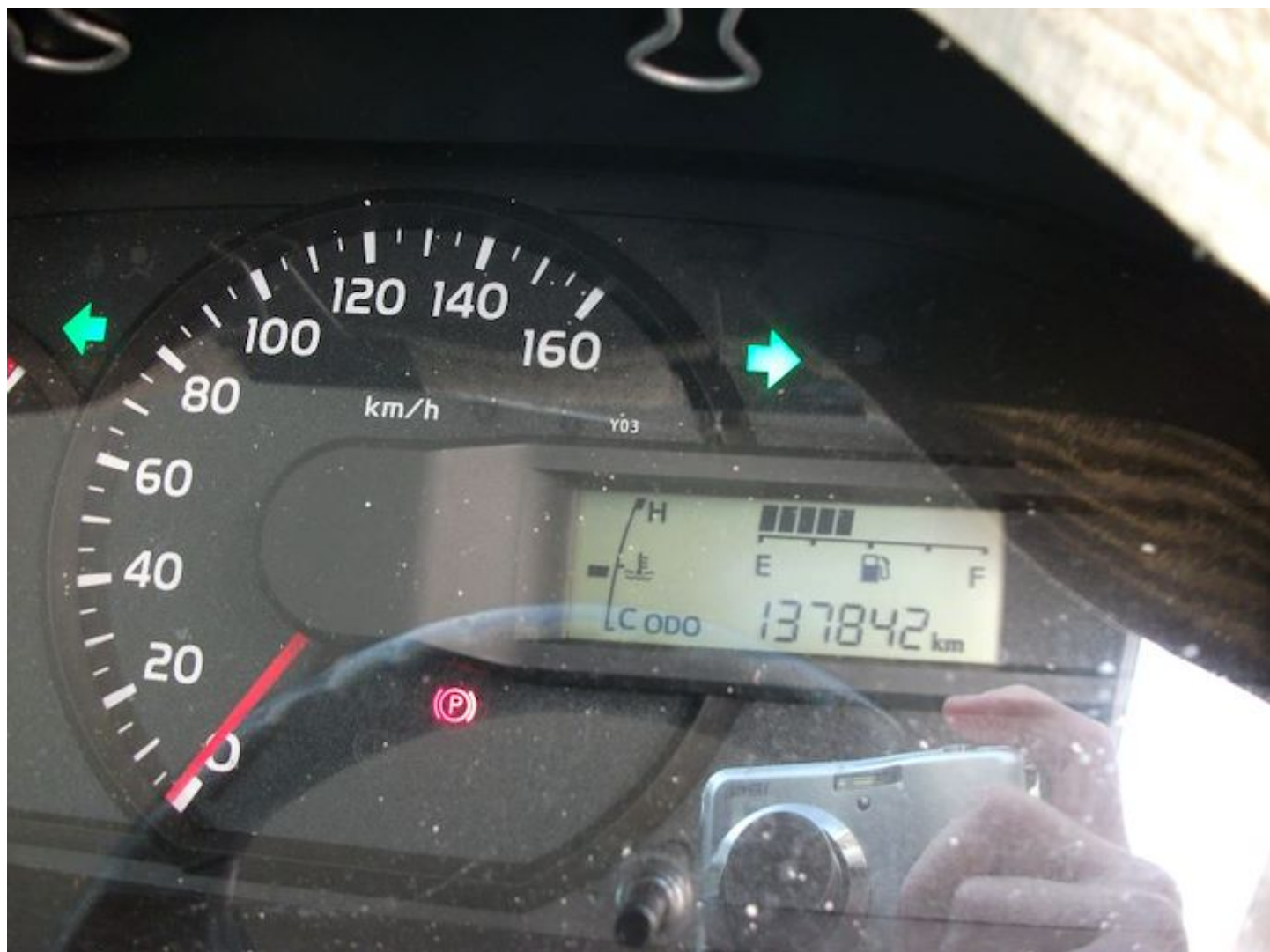
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921BU0008 Vehicle Registration No: GBF8827Z
 Name (as shown in NRIC): SIN LEONG LEE COFFEE PTE LTD NRIC/FIN/Passport No: 200102120N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 15 SENOKO DRIVE #07-07 JTC FOOD HUB @ SENOKO Singapore (758202)
 Contact (Tel): 88975096 Mobile No.: -
 Email Address: MYBOSS@SINGNET.COM.SG
 Date of Accident: 30/11/21 Time of Accident: 0825
 Place of Accident: KAKI BUKIT AVE 1 SHUN LI 2ND PARK CARPARK
 Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ANY INJURIES : DRIVER - XING YIMING

[Signature]

Policyholder / Driver's Signature
Date:



[Signature] 30/12/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GLA001: Addendum Form