SN0922170009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/01/2022 17:58 (SGT) SUBMITTED BY: Renee VERSION: 1 (07/01/2022 17:58 (SGT))

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 07/01/2022 17:58 (SGT) Date of Accident 28/12/2021 17:40 (SGT) Exact Location of Accident Additional Location Information EAST COAST PARK SERVICE ROAD NEAR PEOPLES **ASSOCIATION** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK7846Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD Company Reg No 2XXXXX271R Email Address bernardseow@hotmail.com Mobile Phone No (Phone) +65-98792002 Alternative Phone No +65-98792002

VEHICLE PARTICULARS

Manufacturer Nissan Model NV250 Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1461

INSURANCE COMPANY

MS First Capital Insurance Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Yes Policy Number D-21097524MFCV/144 Cover Note Number

DRIVER

Name of Driver **SEOW YEW CHYE** NRIC No SXXXX886G Date Of Birth 23/12/1950 Occupation Outdoor Date Of Driving Pass 21/06/1969 Driving experience 52 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93366810 Alt. Phone Number Email Address bernardseow@hotmail.com Address APT BLK 602 HOUGANG AVENUE 4 Address complement #09-235 Postcode 530602 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured RENTAL 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 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? PASSENGER 1 Name **COLLEAGUE** Gender PASSENGER 2 Name **COLLEAGUE** Gender Male PASSENGER 3 Name **COLLEAGUE** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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

No

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF797J
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOE
Contact Number	(Phone) +65-97106888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

Lunderstand, 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 insurers) 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;
- (ii) 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' 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.

Policyholder's Signature / Date &

Time

UEN

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

& Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

Cost wast parkning server road

D CTT

B- SJF797J East Coast Park Service Road Near Peoples Association

e Attachid	s of the Accident			
111111111111111111111111111111111111111			/	
			/	
		1.3		
	* /0,	Ju .		
	*XXo.			
	, 0			
	- ne			
	1/2 /			
	maccool)			
	/			
				-
/	Water and the same of		AND THE RESERVE	
/	A CONTRACTOR OF THE SECOND			
				-
		-		
ration				
eclare the foregoing party	culars are true in every respect.			
The second second second	and and it every respect			
1.1	Bemare by	0		
	C. MARKET			1/1/222

Accident Report Between GBK7846Z and SJF797J

On the 28th Dec 2021 at 1740Hrs, we were travelling along East Coast Park Service Road between PAssion Wave @ East Coast and Bus Stop (94099). There were numerous vehicles parked along the side of our direction towards Town.

We check for oncoming traffic and when clear ,we proceed to drive cautiously pass 2 parked vehicles upon safe distance judgement however, when passing the second parked vehicle, vehicle(SJF797J) on the opposite direction driving towards us showed no signs of slowing down and we immediately slowed down and came to a stopped parallel to the 2nd parked vehicle to allow him to drive pass.

The driver of SJF797J did not slow down nor keep more to the left hand side of the road and thus hit onto our side mirror. We proceed to drive forward to the side of the road and got off to assess the situation. The impact had caused both our mirrors to crack and hung out of their casement, there were no other visual damages on both our vehicles' body. Photos of both vehicle's side mirror attached for evaluation.

On the spot the driver was willing to go into private settlement. He produced a receipt on 29.12.2021 for amount of \$1080.97 of which we were suppose to settle with Performance Auto. A copy of the mentioned receipt is attached .

I went to Performance motor on 30.12.21 at 9am to settle but he changed his mind.

As we were trying to still reach a settlement , we did not lodge a report immediately.











