

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 15/01/2022 09:54 (SGT)
Date of Accident 14/01/2022 11:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information 131 BEDOK NORTH AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS7295C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUSH LEASING PTE LTD
Company Reg No 202005434K
Email Address LUSHLEASING@GMAIL.COM
Mobile Phone No (Phone) +65-90922204
Alternative Phone No +65-90922204

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant TOYOTA / C-HR HYBRID 1.8S CVT
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116346603-01
Cover Note Number -

DRIVER

Name of Driver ONG CHONG HOO (WANG ZONGFU)
NRIC No S8008958I

| | |
|--|------------------------|
| Date Of Birth | 29/03/1980 |
| Occupation | Outdoor |
| Date Of Driving Pass | 07/02/2003 |
| Driving experience | 18 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89505520 |
| Alt. Phone Number | - |
| Email Address | AHFUGAMING@GMAIL.COM |
| Address | 22 MARSILING DRIVE |
| Address complement | 09-121 |
| Postcode | 730022 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Collision - Head to Rear |
| 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) | 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

REFER TO SKETCH PLAN

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 | GX298Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | HE XIAOFEI |
| Passport No/FIN | -1 |
| Contact Number | (Phone) +65-84197944 |
| Address | - |


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

SKETCH PLAN

SKETCH PLAN

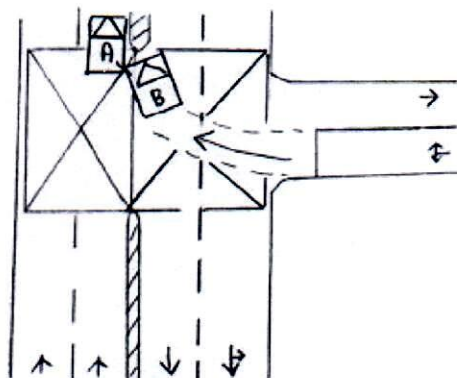
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or 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 firms/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' law firms/law firms may be 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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


LUSH LEASING PTE LTD
 Reg No: 202005434K

Policyholder's Signature / Date & Time: 31/01/2022
 Driver's Signature (if driver is not the policyholder) / Date & Time: Kew 14/1/22
 Witnessed by Reporting Centre Personnel:

Sketch Plan



131 BEDOK NORTH AVENUE 3
 (A) SL57295C
 (B) GX298Z

Describe Circumstances of the Accident

On 14/01/2022 at about 1140 hours, I was driving along 131 Bedok North Avenue 3. Suddenly, vehicle B: GX298Z, turned out from the carpark. I pressed on my horn to alert the driver but he still collided into my vehicle A: SL5729SC. After alighting, I realised that the front left portion of vehicle B: GX298Z had collided into the rear right portion of my vehicle A: SL5729SC, causing damage. We exchanged particulars. I wish to include that the driver of vehicle B: GX298Z apologised and admitted that he did not see me ^{or} was not paying attention on the road.

~~Repair of Optima Works Pte Ltd.~~

Declaration

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

[Signature]

LUSH LEASING PTE LTD
Reg No. 202005434K

Policyholder's Signature / Date & Time

[Signature]

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

14/01/2022

[Signature] 14/1/22

Witnessed by Reporting Centre Personnel