

### 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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 24/02/2022 20:36 (SGT) Date of Accident 23/02/2022 18:22 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS CHANGI BETWEEN BKT TIMAN AND SLE EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKT9877S

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner OSCARS LEASING PRIVATE LIMITED Company Reg No 201431292N Email Address RYANLINGLING@GMAIL.COM Mobile Phone No (Phone) +65-91129911 Alternative Phone No (Home) +65-91129911

## VEHICLE PARTICULARS

Manufacturer Volvo Model S60 Variant ..... Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

# INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5109910175-02 Cover Note Number

## DRIVER

Name of Driver LING PUCHENG, RYAN NRIC No S8813844I

Date Of Birth 22/04/1988 Occupation Outdoor Date Of Driving Pass 22/06/2009 Driving experience 12 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97927898 Alt. Phone Number Email Address RYANLINGLING@GMAIL.COM Address BLK 667D JURONG WEST ST 65 #15-125 Address complement Postcode 644667 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? 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 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 **BRENDA** Gender Female 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 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKC998A Vehicle Manufacturer Vehicle Model

Private car

Vehicle Colour

Vehicle Variant

Vehicle Category

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

### SKETCH PLAN

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- 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 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.



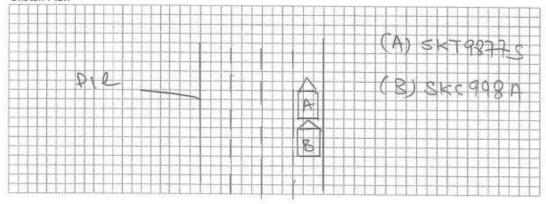
Policyholder's Signature / Date &

24/02/2022 Driver's Signature (if driver is not the policyholder) / Date SHUYI

Witnessed by Reporting Centre Personnel

## Sketch Plan

Time



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80-19	SH	24/02/2022	SHUYI
	1.77	- 110-10	State of the state
licyholder's Signature / Date &	Driver's Signature (if dr & Time	iver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel