SK0L2254000S-01 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 04/05/2022 17:01 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 2 (04/07/2022 11:22 (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.

- 4. The issue and acceptance of this is form by instrained 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 04/05/2022 17:01 (SGT) Reported by Date of Accident 14/02/2022 15:38 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN ST 23 YSL MSCP Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XD4367K INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GOOD YEAR CONTRACTOR PTE LTD Company Reg No 199904844M Email Address admin@goodyearcontractor.com Mobile Phone No (Phone) +65-67442878 Alternative Phone No

(Office) +65-67442878

VEHICLE PARTICULARS

Manufacturer Isuzu Model CYZ52L 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? No - Reporting only

Vehicle Category Commercial vehicle Transmission Manual CC 15681

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number

DRIVER

Name of Driver CHEW LAI KIAT NRIC No S0180572Z Date Of Birth 18/09/1954 Occupation Outdoor

Date Of Driving Pass 07/04/1976 Driving experience 45 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98732980 Alt. Phone Number Email Address admin@goodyearcontractor.com Address 140 LORONG AH SOO #07-203 (S) 530140 Address complement Postcode 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 Collided into Property 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMH5934B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

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)		_

SKETCH PLAN

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.
- 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.
- 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.
- 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 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 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.

S) 0405 22 1530his

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Das reking	c Light	turn	ce)	my ve	HC	e reco	-
0	2			0	1.	- 1 11	
(LH) glezed	cecingt	416	Ra	CKH7	ct	SM H	5934
7	7						
ote: Please note that your insur-	er may have 14 day	s time frame f	or you to sub	mit an own da	mage cla	im under you	r own policy
ease check your policy for more							
eclaration							
We declare the foregoing particula	rs are true in every	respect.				WIS YES	
	A c	40522	15304	ins			
elisubaldada Ciaratura / Data C					1056-000	and but Done of	na Contro
Policyholder's Signature / Date & Time	Driver's Signature & Time	e (ili ariver is no	it the policyho	ider) / Date	Person	sed by Reporti nel	ng Centre





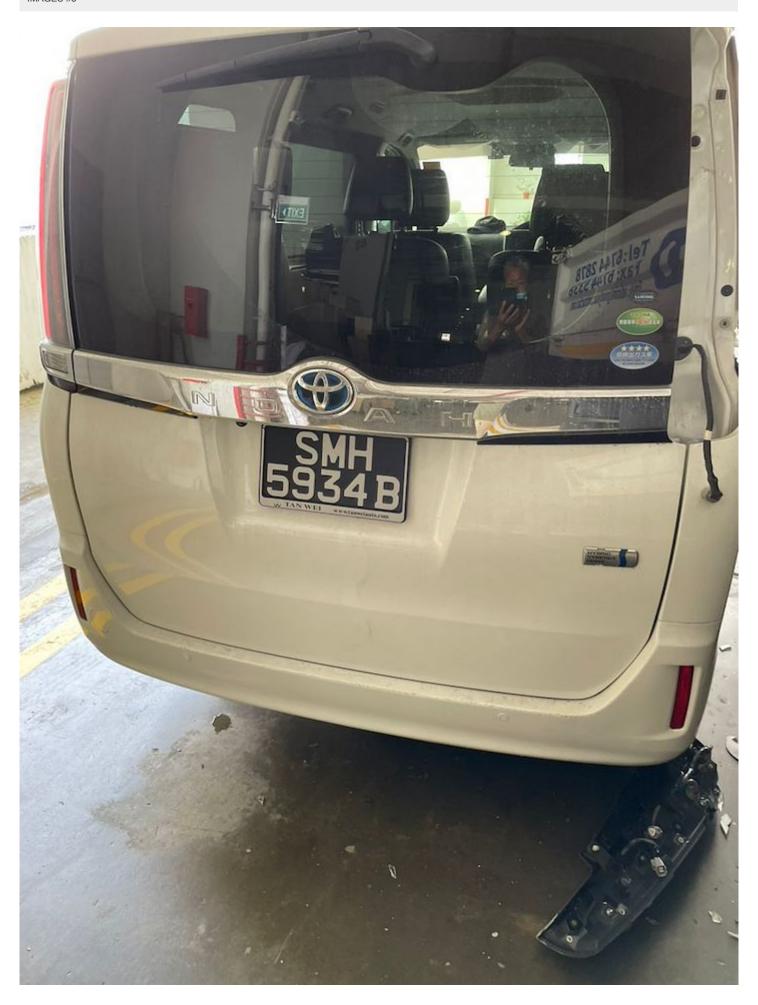


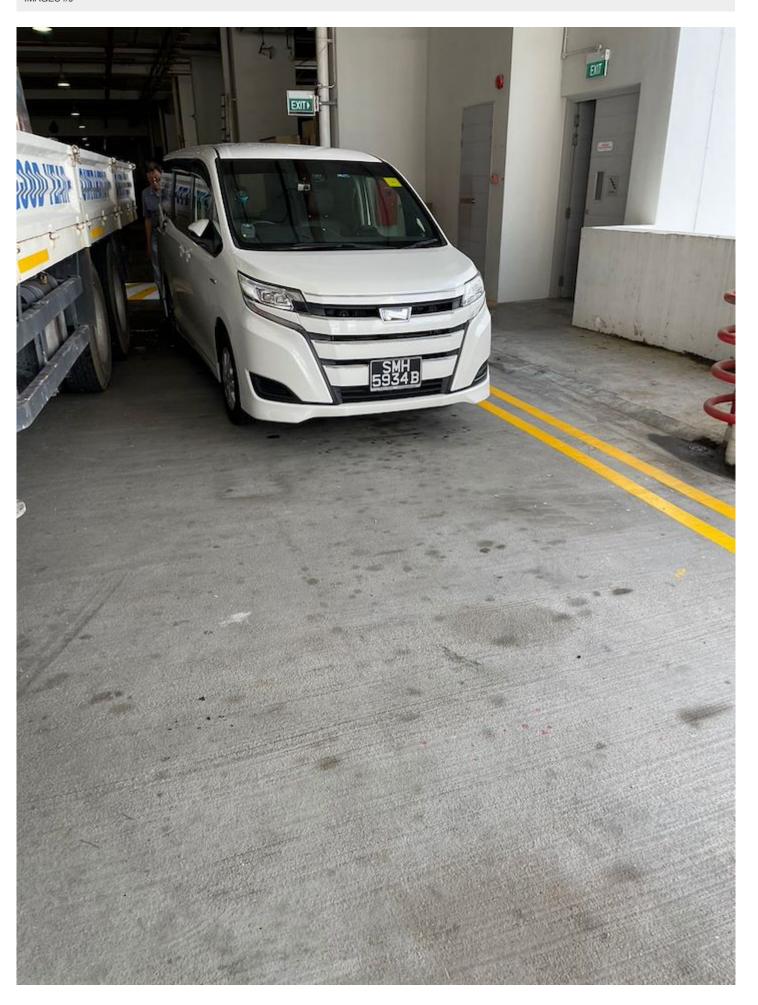


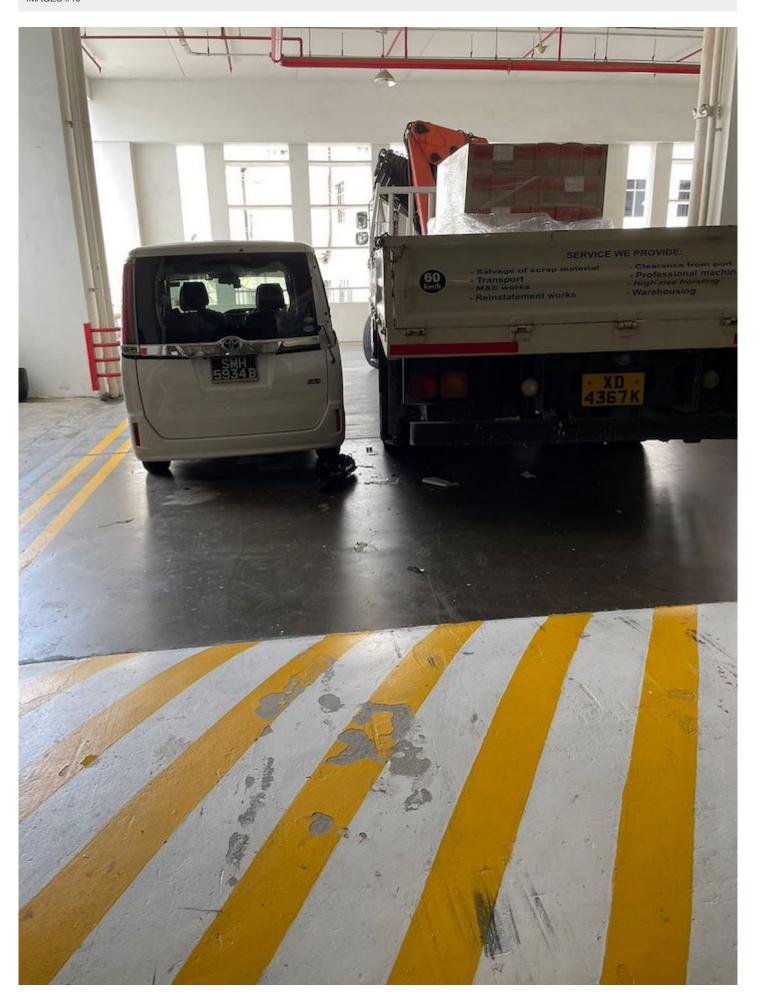




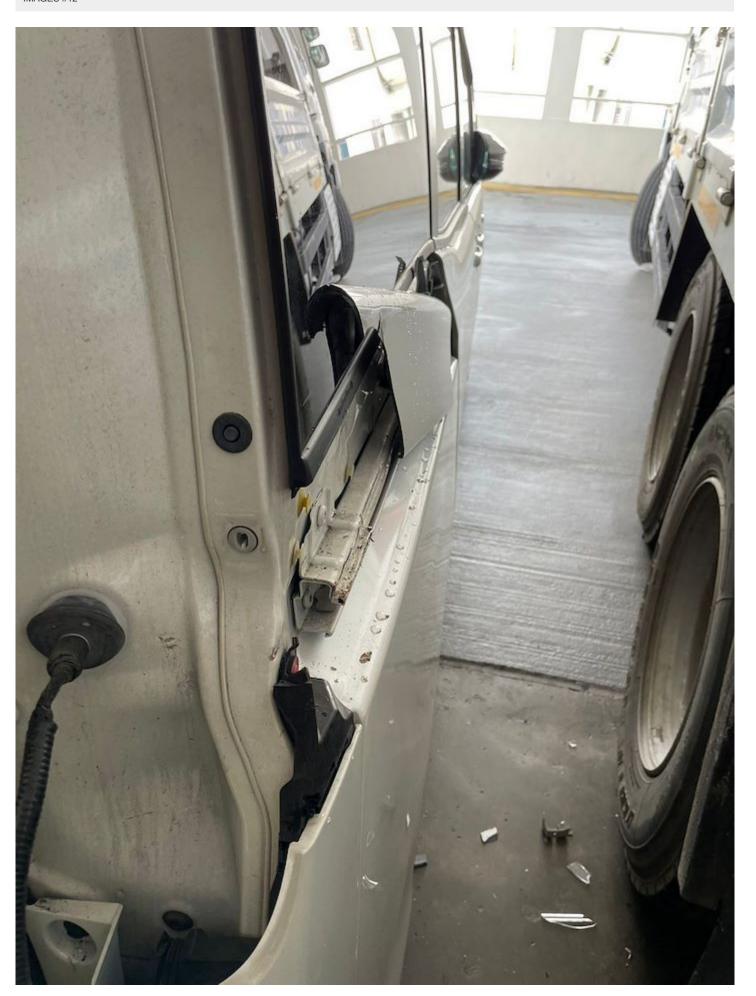
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SK0L2254000S _____ Vehicle Registration No: XD4367K CHEW LAI KIAT __NRIC/FIN/Passport No: ___ Name (as shown in NRIC): _ (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _ ___ Singapore (98732980 ____ Mobile No.: Contact (Tel):___ Email Address: admin@goodyearcontractor.com ____ Time of Accident: 1538 HRS Date of Accident: 14/02/2022 Place of Accident: YISHUN ST 23 YSI MULTI STORY CAR PARK Insurance Company: ____LONPAC INS (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: The accident date should read as 14 Feb 2022 instead of 2 Apr 2022 CHEW LAI KIAT Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: 04/07/2022 NRIC/FIN No.:

Date:

GIARMC Addendum Form