SY0A22380002-01 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 08/03/2022 10:49 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 2 (09/03/2022 10:13 (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 08/03/2022 10:49 (SGT) Date of Accident 11/02/2022 10:00 (SGT) Exact Location of Accident 33 Ubi Ave 3, Singapore 408868 Additional Location Information NO.33 UBI AVE 3 CARPARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Porsche

Vehicle Registration Number SJF1398X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AUTO LEASE (PTE.) LTD. Company Reg No 2XXXXX683D **Email Address** sltanjanettan@gmail.com Mobile Phone No (Phone) +65-97601335 Alternative Phone No (Home) +65-97601335

#### VEHICLE PARTICULARS

Manufacturer

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

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5069675855-07 Cover Note Number

### DRIVER

Name of Driver RODNEY CHUA YI DA NRIC No. SXXXX900E

Date Of Birth 02/09/1975 Occupation Indoor Date Of Driving Pass 26/09/2007 Driving experience 14 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97601335 Alt. Phone Number Email Address sltanjanettan@gmail.com Address 36 LANGSAT ROAD Address complement Postcode 426718 Is the driver the policyholder? Nο 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο 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 **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? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBB7115Y** 

 Vehicle Registration Number
 GBB7115Y

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 KIANG KHENG KIEN

 NRIC No
 SXXXX624E

 Contact Number
 (Phone) +65-85224241

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wriful 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 Issurance
  companies.
- Any felse reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for exchiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment 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 aforasaid.
  - 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:
  - processing, handling and/or dealing with my daims including the settlement of the daims and any necessary investigations relating to the daims;
  - (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 cartain 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' (awyers/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 lewyets/law firms], which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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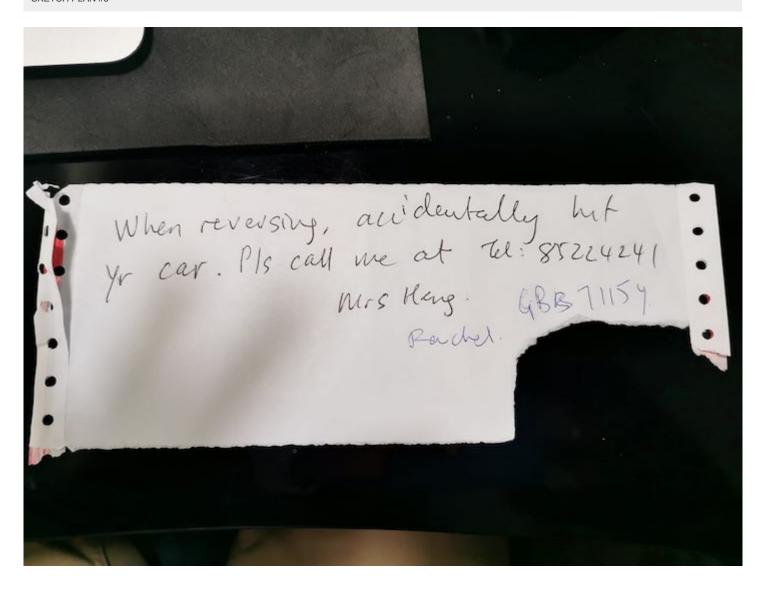
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

4494 V.C. Steen Pre-Perry\_12

We declare the foregoing particulars are those in every respect.  MAC	SKETCH PLAN		A SJF 1398X
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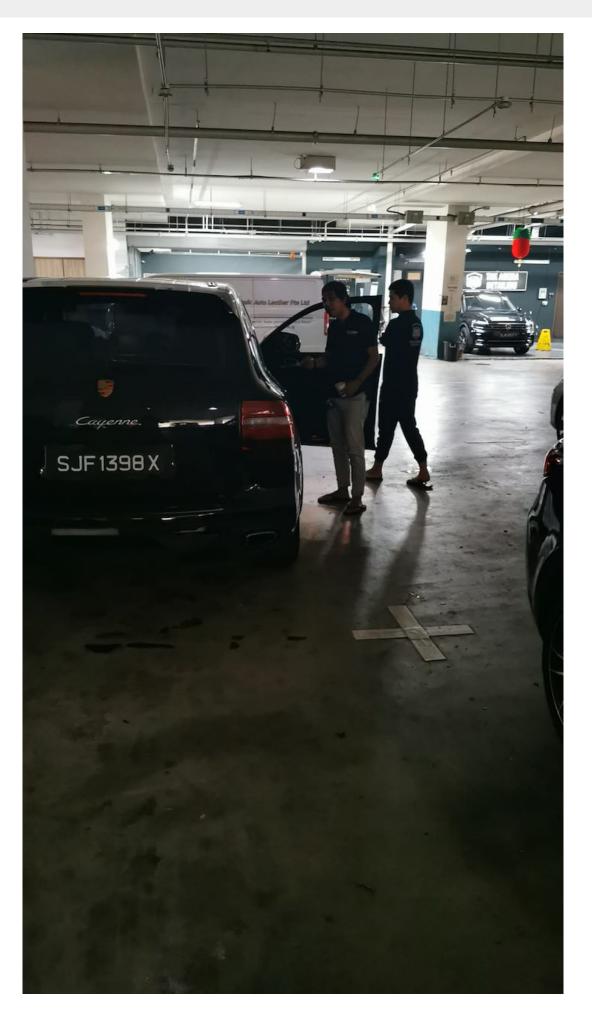


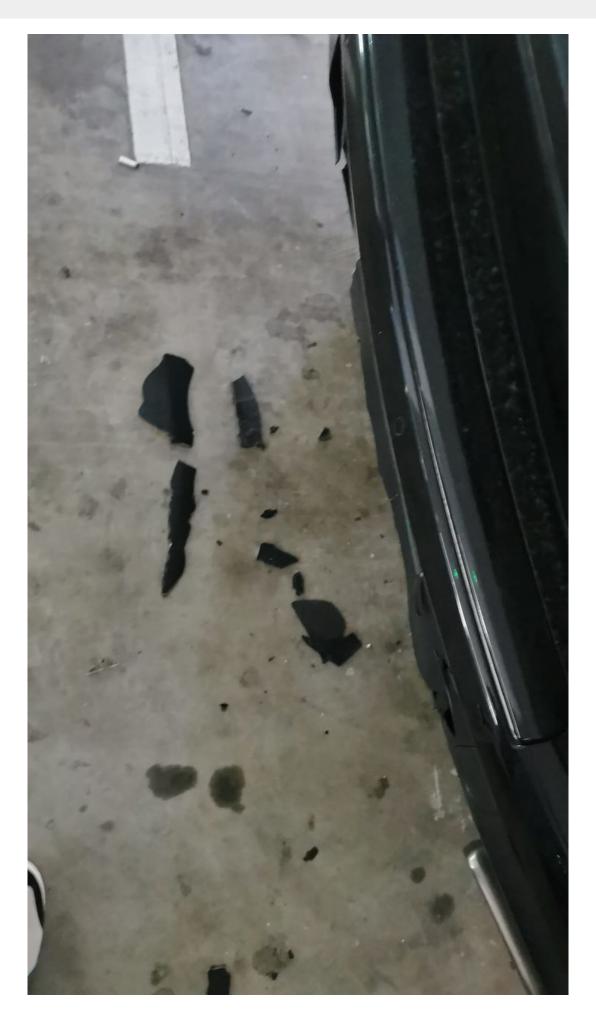


















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENI	DUM	
(A) PARTI	CULARS OF PERSON MAKING THE AMENDMEN	ITS:	
Origina	al Report No: SY0A22380002	Vehicle Registration No:	SJF1398X
Name (	(as shown in NRIC): AUTO LEASE (PTE.) LT	D. NRIC/FIN/Passport No: _	
(*Vehi	cle Driver/Vehicle Owner) (*) Please delete as	appropriate	
Addres	36 LANGSAT ROAD		Singapore (
Contac	et (Tel):	Mobile No.: 97601335	50747480004050740007025
Email A	Address: sltanjanettan@gmail.com		
Date of	f Accident: 11/02/2022	Time of Accident: 10:00	
Place o	of Accident: NO.33 UBI AVE 3 CARPARK		
	nce Company: NTUC Income Insurance Company		
Amen	nd accident date to 11/02/2022		
% <u>1</u>			
qu v			
	nolder / Driver's Signature	Reporting Centre Person	1
Date:		Name: NRIC/FIN No.: Date:	