SW0C223L0003-01 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 21/03/2022 11:56 (SGT) SUBMITTED BY: Chan Pei Pei VERSION: 2 (21/03/2022 12:04 (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

3. Information provided must be as additional and second as a possible of policy liability.

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 at this report will for a fee be made available upon application by interested parties. 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 21/03/2022 11:56 (SGT) Date of Accident 19/03/2022 17:00 (SGT) **Exact Location of Accident** Near 450 Clementi Ave 3, Singapore 120450 Additional Location Information BLK 450, CLEMENTI AVE 3 OPEN SPACE CARPARK Country/State of Loss

Singapore

Toyota

Alphard

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLF6011E**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AKK RENTAL PTE LTD Company Reg No 2XXXXX966M **Email Address** sg.akkrental@gmail.com Mobile Phone No (Phone) +65-94888238 Alternative Phone No +65-94888238

VEHICLE PARTICULARS

Manufacturer

Model

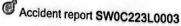
Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 2493

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Yes Policy Number SP2000444932 Cover Note Number

DRIVER

Name of Driver **TEOH HOON YAO** NRIC No SXXXX080Z



13/10/1983 Date Of Birth Outdoor Occupation 16/04/2007 **Date Of Driving Pass** 14 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-92319910 Mobile Number Alt. Phone Number hoonyao@yahoo.com.sg **Email Address** BLK 606D, TAMPINES ST 61 Address #11-364 Address complement 524606 Postcode No Is the driver the policyholder? Hirer If No, Relationship of the Driver with the Insured No 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 Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface 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 PASSENGER 1 **KYLE TEOH** Name Male Gender 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 On 19/03/2022 At about 1700hrs, I was driving my vehicle SLF6011E along Blk 450, Clementi Ave 3 Open space Car-park towards move off without checking on the blind spot and collided on my vehicle front left portion. The Whole incident was captured on my car camera.

Exit. There was a big lorry YP6501B stopped along the right side of the carpark with the hazard light on. So I proceed slowly on the left side lane. While Proceeding, Suddenly, YP6501B put his hand out do some hand signal so I stopped immediately. YP6501B started to

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 YP6501B Vehicle Manufacturer Hino Vehicle Model

(C) Accident report SW0C223L0003

Page 2 of 12

Vehicle Variant	-
Vehicle Colour	•
Vehicle Category	Commercial vehicl
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)	

On 19.2.2022 at about 17 volves, I was driving my vehicle slebolle along
BIKU50, Clementi Ave 3 open space car-park towards Exit.
There was a big borry YP6501B Stopped along the right side
of the carpark with the hazard light On. So I proceed slowly
on the left side land. While proceeding, Suddenly, YP65018
put his hand out do some hand signal so I stopped
Immediately, yp6501B started to move Off without
checking on the blind got and collided on my vehice
front left portion. The whole incident was captured
on my car camera

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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.
- 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 GN 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 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.

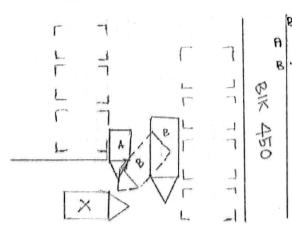


Policyholder's Signature / Date & Time M.

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Open space carpark BIK 450 Clementi Ave 3 SLF6011E

B: YP6501B