SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 truthful and accurate as possible. Any willul misrepresentation.

 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
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ACCIDENT STATEMENT

Date of Submission	21/03/2022 15:27 (SGT)
Date of Accident	20/03/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BAY SANDS
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLM9864D
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SJ LEASING PTE LTD 201825171E SJMOTOR@SINGNET.COM.SG (Phone) +65-85255530 (Office) +65-85255530
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Mazda 3 -
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	No - Claiming third party Private hire Auto 1500
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Comprehensive No SPMF1000000404
DRIVER	
Name of Driver NRIC No	LEE KHAI YUEN S2193464Z

Date Of Birth 23/10/1967 Occupation Outdoor Date Of Driving Pass 31/08/1987 Driving experience 34 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96329109 Alt. Phone Number Email Address DARREN, LEE, KY@HOTMAIL, COM, SG BLK 666B JURONG WEST ST 65 #10-205 S642666 Address Address complement Postcode 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 Side Swipe 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) 4 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 **UNKNOWN** Name Female Gender PASSENGER 2 **UNKNOWN** Name **Female** Gender PASSENGER 3 UNKNOWN Name ... Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER STATEMENT ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

Vehicle Registration Number	
	0115
Vehicle Model	SHB1327X
Vehicle Veriant	-
Vehicle Color	-
Vehicle Category	-
Name of Driver	-
Canta of Driver	Taxi
Contact Number	-
Address	
Address Address complement Postcode	_
Postcode	_
Insurance Company Name Nature Of Damage	_
Nature Of Damoga	_
Details of property damaged in accident No. Of Passenger (Including Driver)	_
No. Of Passenger (Including Driver)	-
5 (moldaling Driver)	_

SKIETCH PLAN

EMPORTANT NOTICE

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- (8) contrying out and/or dealing in the my incorrections or necessively to any anapricus ou on
- (fv.) administering my claims. (Including the mailing of correspondence, statements, invoces, copiets or redices to me, which obtain modes distributive of special personal data about the ta bring about delivery of the same as well as an the external sover of envelopes/mail parkages), engler
- (v) complying with applicable law in administering, processing, handing and/or dealing with my claims. (collectively the Turposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the fravers' lawyers/law firms, may/are permitted to collect, use, disclose andler process my Personal Information for one or more of the above Purposes, and
- (c) my Personal inferention may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers flow), which may be shed outside of Singapore, for one or more of the above Purposes.

Policyholder's Sienature er's Signature (if driver is not the policyholder) / Date Termo

Witnessed by Reporting Centre Personnel

Sketch Plan

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Declaration

We declare the foregoing particulars are true in every respect.

Describe Circumstances of the Accident

Policyhalder's Signature Policyhalder's Signat

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

Witnessed by Reporting Centre Personnel ir UT