SS1Y224I000L / SME MOTOR PTE LTD ENTRY DATE & TiME: 18/04/2022 17:08 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (18/04/2022 17:08 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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 18/04/2022 17:08 (SGT) Date of Accident 16/04/2022 19:15 (SGT) **Exact Location of Accident** Lor 8 Geylang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL7526S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AC HUB PTE LTD Company Reg No 201625396G **Email Address** admin@achubpteltd.com.sg Mobile Phone No (Phone) +65-87146619 Alternative Phone No +65-87146619

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Transmission

Auto 1998

INSURANCE COMPANY

CC

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5126412258 Cover Note Number

DRIVER

Name of Driver JI BIN NRIC No S8381976F

Date Of Birth 01/05/1983 Occupation Outdoor Date Of Driving Pass 05/06/2008 Driving experience 13 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-87146619 Alt. Phone Number **Email Address** admin@achubpteltd.com.sg Address BLK 475A UPPER SERANGOON CRESCENT #09-509 Address complement Postcode 531475 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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 **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 16/04/2022 AT 0715PM, I PARKED MY VEHICLE AT GEYLANG LORONG 8. WHEN SUDDENLY, I HEARD A LOUD BANG FROM THE REAR PORTION OF MY VEHICLE. VEHICLE B COLLIDED ONTO MY VEHICLE WHILE TRYING TO MOVE FROM THE PARKING SPOT. MY VEHICLE WAS DAMAGED DUE TO THE COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBB2767Z

 Vehicle Manufacturer

 Vehicle Model

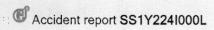
 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 WANG FEI

 Passport No/FIN
 G8099443K



Contact Number	(Phone) +65-92368298
Address	_
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	VEHICLE B
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 <u>truthful and accurate as possible</u>. Any wilful 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 insurance companies.
- 5. Any false 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 archiving 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 a 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 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' lawyers/lew 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 lawyers/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.

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the potter holder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

2-0NE

SKETCH PLAN

Velacte A : GB 1: 75365

Velacte B : GB 1: 75365

Velacte B : GB 1: 75365

Velacte B : GB 1: 75365

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/04	2022 At 0715pm, I parked a	ny vehicle at Geylana Lor
when suddenly	I heard a loud bang from the	e rear portion of my vet
Vehicle & collida	ed onto my vehicle while try.	na to move from the part
900+ Mu vehicle	was damaged due to the o	collector
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DECLARATION		
I/We dedicte the foregoing part	ficulars are true in every respect.	
(2(2000000)C)	1/4	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signatu
Date & Time:	(If driver is not the collection) Onte & Time:	Name:
		RRIC/FUI No.:

@Accident report SS1Y224I000L