

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

23/04/2022 17:20 (SGT) Date of Submission 23/04/2022 08:00 (SGT) Date of Accident Near 91 Yishun Street 81, Singapore 768450 **Exact Location of Accident** Additional Location Information Yishun Ave 1 Opposite Orchid Park Condominium Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Honda

1496

Vehicle Registration Number **SLQ5781P**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JBR Leasing Pte Ltd 202103951G Company Reg No lowhweeteck@gmail.com **Email Address** (Phone) +65-85255530 Mobile Phone No +65-85255530 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Transmission

CC

Vezel Model 1.5 HYBRID AT ABS D/AIRBAG 2WD Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto

INSURANCE COMPANY

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Yes Fleet Policy SP2000852690 Policy Number Cover Note Number

DRIVER

Goh Seng Hock Name of Driver S8172199H NRIC No

| Date Of Birth | 13/07/1981 | and washing and a second of the |
|--|--|---------------------------------|
| Occupation | Outdoor | |
| Date Of Driving Pass | 24/07/2008 | |
| Driving experience | 13 YEARS AND 9 MONTHS | |
| Gender Mobile Number | Male | |
| Mobile Number Alt. Phone Number | (Phone) +65-87575085 | |
| Email Address | acheonahook@yohoo com sa | |
| Address | gohsenghock@yahoo.com.sg Blk 800 Yishun Ring Road #02-4395 | |
| Address complement | Control with the control of the cont | |
| Postcode | Singapore 760800 | |
| Is the driver the policyholder? | | |
| If No, Relationship of the Driver with the Insured | No Hirer | |
| Does Driver Own Other Vehicles? | No | |
| Vehicle Registration Number of Other Vehicle Owned by Driver | 110 | |
| Vehicle Registration Number of Other Vehicle Owned by Driver | the second control and blackers and are second | |
| Insurance Company of Other Vehicle Owned by Driver | A light programme and the discountry broken are at the particular to the particular and the discountry by the particular are at the particular and the particular are at the par | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Accident | Collision - Change/cross lane | |
| Weather Conditions | Clear | |
| 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? | Yes | |
| Was any injured conveyed to hospital by ambulance? | No | |
| Was any other vehicle or property damaged? | Yes | |
| Number of Passengers (Including Driver) | 2 | |
| Has the driver been approached by unknown person(s) | No | |
| soliciting/offering accident claims assistance? | NO | |
| PASSENGER 1 | | |
| Name mas la mg2.6 selectors | Grace | |
| Gender | Female | |
| | | |
| DETAILS OF POLICE ACTION | | |
| Was the accident reported to the police? | No | |
| Was notice of intended Prosecution given? | No | |
| If yes, against whom? | | |
| GVA MARSHAGRAR TA GIRETRA | | |
| CIRCUMSTANCES OF ACCIDENT | | |
| Refer to Sketch Plan | | |
| 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 OTHE | R VEHICLE PROPERTY 1 | |
| Vehicle Registration Number | XD1460T | |
| Vehicle Manufacturer | - | |
| Vehicle Model | | |
| VOTINGE WOOD | | |

Goods vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver Palani Suresh
Contact Number (Phone) +65-85390773
Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Goh Seng Hock
Gender Male
Phone No (Phone) +65-87575085

Address Blk 800 Yishun Ring Road #02-395

Address Complement Singapore
Post Code 760800

Approximate Age Years Old -

Injuries Sustained -

Injured person in which vehicle? SLQ5781P
Were seat belts worn? -

Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person Grace
Gender Female
Phone No (Phone) +65-85221166

Address - Address Complement -

Address Complement Post Code Approximate Age Years Old -

Injuries Sustained -

Injured person in which vehicle? SLQ5781P

Were seat belts worn? -Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

 Name
 Grace

 Phone
 (Phone) +65-85221166

 Email

SKETCH PLAN

IMPORTANT NOTICE

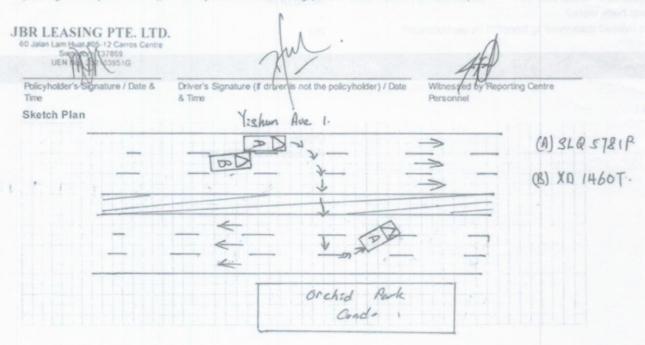
- 1. Please report correctly the details of the accident to speed up the claims process.
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 end/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.



| escribe Circumstances of the Accident | |
|--|-------|
| On 23 04 2022 at Q 0800 hrs, I was travelling in my res | stell |
| (3LQ 5781P) plany Yishun Ave I approve Orched Park! Conda on | |
| the extreme 1881 love within my lane. Suckerly, a truck (XO141) | 50 |
| on my right, cut into my path and collided onto the right | |
| rear Iside of my varicle! The impact caused my vehicle to | |
| skid and went up the centre road kerb and landed on to | LE . |
| oppusite side of the road. | |
| I the of the rose. | |
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| Declaration | |
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| We declare the foregoing particulars are true in every respect. | |
| DIFASING DEFILED | |
| R LEASING PTE. LTD. Jatan Lam Huat #05-12 Carros Centre | |
| Singapore 737869 UEN-VM PS (01951G | |
| THE THE PARTY OF T | |
| Policyholder's Signature / Date & Driver's Signature (E driver's not the policyholder) / Date Witnessed Reporting Centre | |