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.
 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 03/06/2022 14:43 (SGT) Date of Accident 02/06/2022 10:05 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE TOWARDS CITY (AFTER CLEMENTI AVENUE 2 EXIT 10B) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ5135B

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WARWOLF MOVERS PTE. LTD. Company Reg No 202125453E **Email Address** WARWOLFMOVERS@GMAIL.COM Mobile Phone No (Phone) +65-98372135 Alternative Phone No (Home) +65-98372135

VEHICLE PARTICULARS

Mitsubishi Model Canter Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Goods vehicle Transmission Auto CC 2998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number 5124653617 Cover Note Number

DRIVER

Name of Driver KELLY QIU KAILI NRIC No S8580785D

Date Of Birth 01/05/1985 Occupation Outdoor Date Of Driving Pass 08/05/2021 Driving experience 1 YEAR AND 1 MONTH Gender Female Mobile Number (Phone) +65-98372135 Alt. Phone Number Email Address WARWOLFMOVERS@GMAIL.COM Address BLK 794 WOODLANDS DRIVE 72 Address complement #04-17 Postcode 730794 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **COMPANY OWNER** 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 Type of Accident Chain Collision 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) 1 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YQ187J

Vehicle Registration NumberYQ187JVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBB8038E -
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	=

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 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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

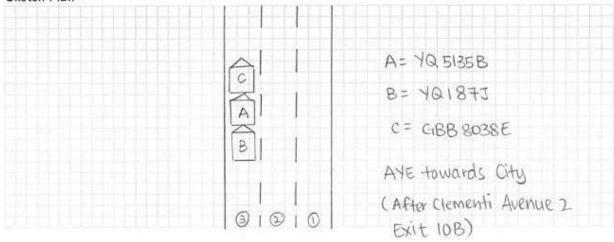
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

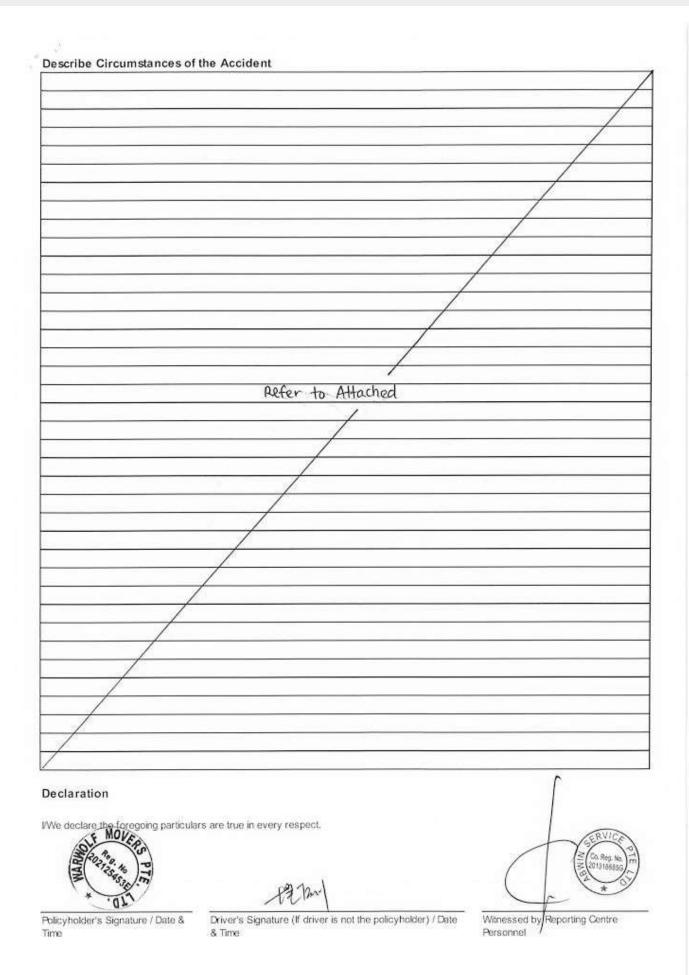


Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan





On 02.06.2022 at about 10:05 hours along AYE towards City (After Clementi Avenue 2 Exit 10B), I was travelling straight on lane 3 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to push forward and hit onto the rear portion of the vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 3 vehicles involved.

Vehicle (A): YQ 5135B

Vehicle (B): YQ 187J

Vehicle (C): GBB 8038E