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.

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 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 06/06/2022 15:51 (SGT) Date of Accident 05/06/2022 02:43 (SGT) Exact Location of Accident Penang Rd, Singapore Additional Location Information TOWARDS SOMERSET RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV5091X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner U-RENTAL PTE. LTD. Company Reg No 201505004G Email Address ask@mcgueenrentals.com Mobile Phone No (Phone) +65-88585551

Alternative Phone No +65-88585551

VEHICLE PARTICULARS

Manufacturer Mercedes Model E220d 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? Vehicle Category

Transmission CC

Private hire

No - Claiming third party Private hire

Auto 1950

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number 5111213190-02

Cover Note Number

DRIVER

Name of Driver NG CHIA WEI, VINCENT NRIC No. S8719395J

Date Of Birth 28/06/1987 Occupation Outdoor Date Of Driving Pass 30/07/2007 Driving experience 14 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81322161 Alt. Phone Number Email Address destiny_vincent@hotmail.com Address BLK 345 ANG MO KIO AVENUE 3 Address complement #02-2238 Postcode 560345 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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 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? Nο PASSENGER 1 Name HO CHII EN Gender Male 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 PLEASE SEE ATTACHED SKETCH PLANS. 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 SHC394C Vehicle Manufacturer

Taxi

Accident report SS1722660002

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

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

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

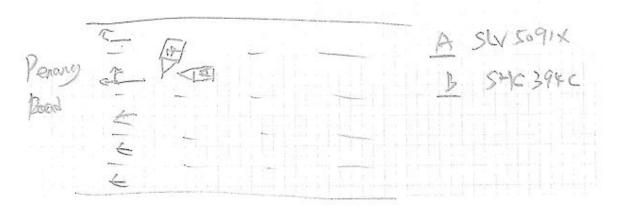
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively 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 lawyers/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;
- (ii) 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 admnistering, 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
On 01/06/22 at about 0243 hrs I was driving my vehicle (Su 5491X) along Revery Road. on the 2nd lone from right towards Sometet. Vehicle B the right must lane suld only survey into my lone without any signal. Vehicle B didn't stop when the power of contact. he only stopped when I happel him about som away.
Revenu Road on the and lone from right towards Sometist . Vehicle B
the maple must lane suddonly shing into my lone without any signal.
Vehide B didn't stop when the power of contact. he only stopped when I hoped
his about lom away.

Declaration

I/We declare the foregoing particulars are true in every respect.

2 (marin) 6 / 2022

er's Signature / Date &

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

Witnessed by Reporting Centre Personnel



