SY0322810005 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 01/08/2022 17:46 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (01/08/2022 17:46 (SGT))



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 Actual 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.

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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 01/08/2022 17:46 (SGT) Reported by Date of Accident 30/07/2022 16:05 (SGT) Exact Location of Accident Ang Mo Kio Ave 4, Singapore Additional Location Information Country/State of Loss Singapore

Policy Number / Cover Note Number 5117137359-02

NRIC No

Date Of Birth

DETAILS OF	OTH VEHICLE
Vehicle Registration Number	GBJ4163K
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	(Phone) +65-82805534
VEHICLE PARTICULARS	
Manufacturer Model 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	Toyota Hiace - Employment No - Claiming third party Commercial vehicle Auto 0
INSURANCE COMPANY	
Name of Insurance Company	

SIAT KIM FATT(XUE JINFA)

SXXXX979G

01/08/1979 Outdoor

Accident report SY0322810005

DRIVER

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	14/06/2017 5 YEARS AND 1 MONTH Male (Phone) +65-82805534 huatjapanhome@gmail.com APT BLK 109 ANG MO KIO AVENUE 4 #04-22 560109 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMH9789C

Vehicle Registration Number	SMH9789C
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG YULUN BILL
NRIC No	TXXXX610G

Contact Number	-
Address	APT BLK 617 ANG MO KIO AVENUE 4 #12-1047
Address complement	-
Postcode	560617
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passanger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Asase report correctly the details of the accident to speed up the claims process.
- 2. This Form most 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 withholding 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General fleurance 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.
- 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, handing and/or dealing with my claims including the soltlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my ciaims;
- (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 contain 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/faw time, may/are permitted to collect, use, disclose and/or process my Persmal Mormation 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.

Xing Hong Fresh Fruits Trading Pte Ltd

Blk 506B Serengeon North Ave 4 #02-426 S(552506)

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

Witnessed by Reporting Centre

allidom

Sketch Plan

A: GB3 H163kc
B: SMH 9789c

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Declaration

Whe declare the foregoing particulars are true in every respect. Xing Hong Fresh Fruits Trading Pte Ltd $\,$

家 复 桌 Blk 506B Serangoon North Ave 4 #02-426 S(552506)

Pokcyholder's Signeture / Date &

Triver's Signature (# driver is not the ps@yholder) / Date & Tima

Witnessed by Reporting Centre Personnel