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SH0H227T0004 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 29/07/2022 16:33 (SGT) SUBMITTED BY: Anysia Foo Mei Yan VERSION: 1 (29/07/2022 16:33 (SGT))



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 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

3. Information provided must be as truthful and accurate as possible. Any which misrepresentation of withouting of material facts may allow insurance companies to repeate 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 the factor 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

29/07/2022 16:33 (SGT) Driver 28/07/2022 19:15 (SGT) 748 Jurong West Street 73, Block 748, Singapore 640748 CARPARK OF BLK 748 JURONG WEST STREET 73 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB8505Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes LEON SYNERGY PTE LTD 201539426M haq@fsynergy.com (Phone) +65-91149858

VEHICLE PARTICULARS

Manufacturer Model Variant -

Nissan Nv200

1461

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Employment

No - Claiming third party Commercial vehicle Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5127396888

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ABDUL MUTALIB BIN IBRAHIM S1401883B 08/08/1960 Indoor

28/10/2004 Date Of Driving Pass 17 YEARS AND 9 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-81388696 Alt. Phone Number +65-98871307 ALIABDULMUTALIB1960@GMAIL.COM **Email Address** 112 BUKIT PURMEI ROAD #05-203 Address Address complement Postcode 090112 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID 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?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, MY VEHICLE WAS PARKED AT THE CARPARK OF BLK 748 JURONG WEST STREET 73. A WITNESS MESSAGE ME AND INFORMED ME VEHICLE B (GBC5294X) HAD HIT ONTO MY VEHICLE AND WENT TO PARK ELSEWHERE. I MANAGED TO GET INTO CONTACT WITH THE DRIVER OF VEHICLE B. HE INFORMED ME THAT HE WAS DRIVING OUT OF THE CARPARK LOT AND HIT ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC5294X

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Commercial vehicle

WITNESS DETAILS

WITNESS 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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
- 6. 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.
- 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, 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 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.

NATION OF REGION OF THE PART O

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SFTE TRANS ENORUL SHE

A B

VEH A : GEB 85052 VEH B : GBC5594X

Scribe Circumstances of the Accident REFER TO GIA REPORT	
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.

TO A STATE OF THE STATE OF THE

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel