ST0Y228P0002 / THINK ONE AUTOCARE PTE LTD ENTRY DATE & TIME: 25/08/2022 15:10 (SGT) SUBMITTED BY: Ng Shee Pan VERSION: 1 (25/08/2022 15:10 (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 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 25/08/2022 15:10 (SGT) Reported by Driver Date of Accident 16/08/2022 17:50 (SGT) Exact Location of Accident 370 Alexandra Rd, Singapore 159953 Additional Location Information ALONG ALEXANDER ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9864J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THINK ONE LEASING PTE LTD Company Reg No 2XXXXX609M Email Address raj@tol.com.sg Mobile Phone No (Phone) +65-96788288 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant VAN Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 20-ML000183-R00

DRIVER

Name of Driver NUR MUHAMAD JALAL IRAM BIN RAHIM NRIC No SXXXX765J Date Of Birth 10/06/1977 Occupation Outdoor

Date Of Driving Pass 28/02/2013 Driving experience 9 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-89165664 Alt. Phone Number Email Address raj@tol.com.sg Address APT BLK 126 YISHUN STREET 11 Address complement #02-429 Postcode 760126 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 - Head to Rear 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? 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

On 16.08.2022 at about 17:50hrs i was with my vehicle number GBF9864J waiting for traffic to turn green along Alexander Road suddenly vehicle YN6902M hit from behind cause damaged rear portion.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberYN6902MVehicle ManufacturerMitsubishiVehicle ModelCanterVehicle Variant-Vehicle ColourWhiteVehicle CategoryCommercial vehicleName of DriverGAN CHEE WEI



Work Permit No	4XXXX3929
Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRONT PANEL
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident	
Declaration	
We declare the foregoing particulars are true in every respect	
We declare the foregoing particulars are true in every respect.	AE PIE
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Driver's Signature (If driver is not the policyholder) / Date

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
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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 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

along Alexander Road

Witnessed by Reporting Centre Personnel

Sketch Plan







