

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 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. 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 22/12/2022 15:18 (SGT)
Reported by Driver
Date of Accident 21/12/2022 10:32 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information INFRONT OF ROYAL PLAZA ON SCOTTS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2976K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner S & L SEALING SOLUTIONS PTE LTD
Company Reg No 201108034Z
Email Address sally@sulseals.com
Mobile Phone No (Phone) +65-87988018
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG2206423

DRIVER

Name of Driver LI WENGE
Passport No/FIN G6115515K
Date Of Birth 04/09/1974
Occupation Outdoor

| | |
|--|-------------------------|
| Date Of Driving Pass | 07/07/2020 |
| Driving experience | 2 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87988018 |
| Alt. Phone Number | - |
| Email Address | sally@sulseals.com |
| Address | 2 BUKIT BATOK STREET 23 |
| Address complement | - |
| Postcode | 659529 |
| 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

| | |
|--------------------------|------------|
| Type of Accident | Side Swipe |
| 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) | 3 |
| 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 | - |

PASSENGER 1

| | |
|--------------|---------------|
| Name | LIM BENG HWEE |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | TECK SIEW |
| 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

REFER TO SKETCH PLAN

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 Number | SLT8248C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | FOO SEAY LIAN |
| NRIC No | S1610902I |
| 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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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.

S&L Sealing Solutions Pte. Ltd.
 Reg. No.: 201108034Z
 2 Bukit Batok Street 23
 Bukit Batok Connection #01-09
 Singapore 659554
 Tel: +65 6515 5686 Fax: +65 6567 5288

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1286 Fax: 6453 7944
 (Claims Section)

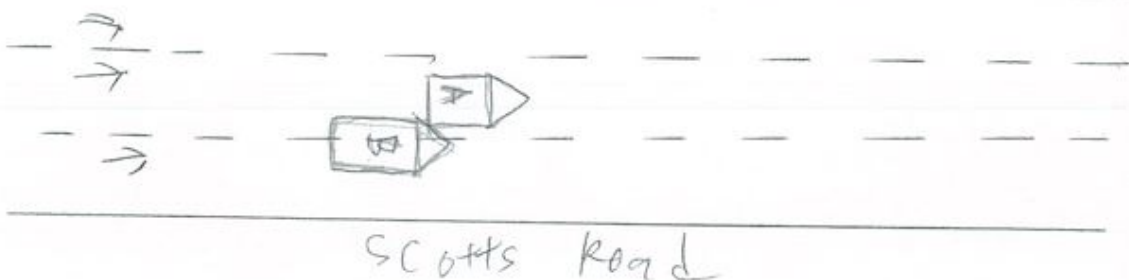
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A → YQ2976K
 B → SLT8248C (Royal Plaza on Scotts)



Describe Circumstances of the Accident

On 21/12/22 @ 10:32am, I was travelling along
 Scotts Road. Suddenly veh. B (SLT 8248C) came from
 behind & collided onto rear portion of my lorry.

Declaration

We declare the foregoing particulars are true in every respect.

S&L Sealing Solutions Pte. Ltd.

Reg. No.: 201108034Z

2 Bukit Batok Street 23

Bukit Batok Connection #01-09

Singapore 659554

Tel: +65 6515 5686 Fax: +65 6567 5288

Policyholder's Signature / Date &
 Time

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre
 Personnel


















CHUANG LI PARTNERS PTE LTD
48 Toh Guan Road East
#08-131 Enterprise Hub
Singapore 608586
Tel: 6793 0248 Fax: 6793 0260

Chassis Number
JAHUCV3F20K036327

Unladen Weight
3600

Max Laden Weight
5000

Passenger Capacity
1 Driver 2 Others

Tyre Size
F 195 x 85R x 16 (S)
R 195 x 85R x 16 (D)