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.

- 4. The issue and acceptance of this is form by instrained 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 09/01/2023 15:10 (SGT) Reported by Driver Date of Accident 08/01/2023 10:40 (SGT) Exact Location of Accident Bukit Batok West Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8054L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MEISEI INTERNATIONAL PTE LTD Company Reg No 1XXXXX827W **Email Address** suhaimisalleh418@gmail.com Mobile Phone No (Phone) +65-87508235 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R-HKFMS3 Variant

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 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05015244

DRIVER

Name of Driver SUHAIMI BIN SALLEH NRIC No SXXXX531I Date Of Birth 26/05/1976 Occupation Outdoor



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 Insurance Company of Other Vehicle Owned by Driver	18/04/2012 10 YEARS AND 9 MONTHS Male (Phone) +65-87508235 - suhaimisalleh418@gmail.com BLK 428 CHOA CHU KANG AVENUE 4 #03-200 - 680428 No Employee No
Type of Accident Weather Conditions Road Surface	Side Swipe 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 ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender	No 2 No - Yes 3 No BROTHER Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bukit Panjang Neighbourhood Police Centre No.1 Segar Road #01-05 Singapore 677738 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5102R
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	JAVIER LEE ZHI HUI
NRIC No	TXXXX588Z
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

IMPORTANT NOTICE

- 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 <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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:
- 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)

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' 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;
- (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' lawyers 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policynology's Stanature / Date & Time

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

9/01/2023

12:40 pm

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

POPOK WW AVENLLA DUDILG Sketch Plan

e Circumstance of the Accident 10, 40 HRS 10, 40 HRS			1_
of BATOK WEST AVE 3. AND WAS TRAV			
Sust Petitore THA BUS STOP A CAR			
WORDNLY SWITCH LANK WOJAR PAK	FE BW	8 A7	21/4
us SIP 9 HIT ZHR FROM7 LFF1	OF.	my	LORR
12 8054L		•	- /

Declaration

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

12:40pm

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

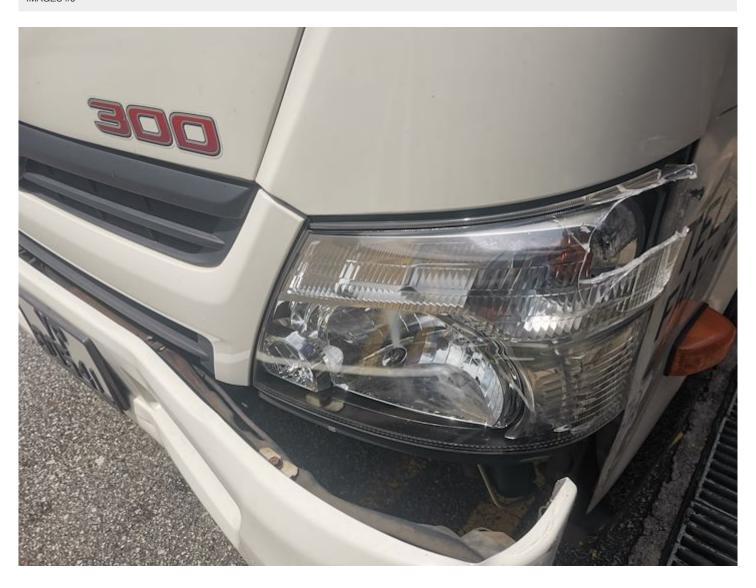
vJun2022









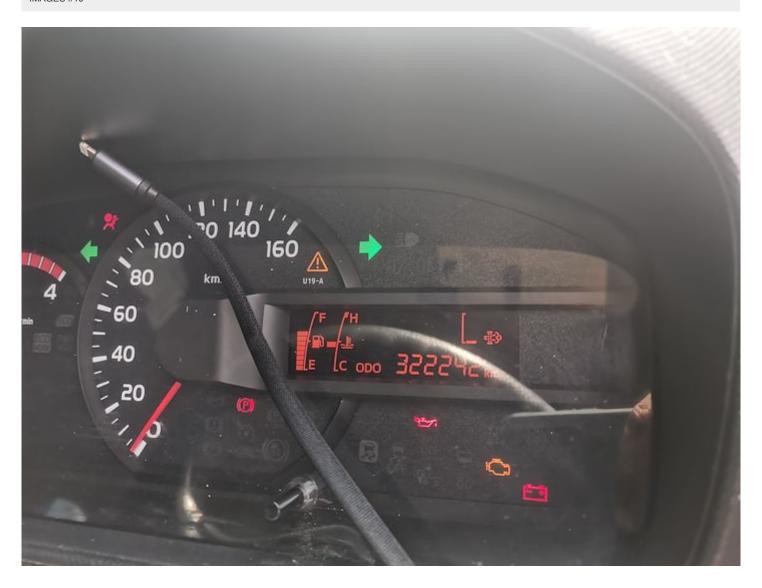














92396780



CONFIDENTIAL NOTICE OF REPORTING

This is to inform that SUHAIMI BIN SALLEH (DRIVER of V1), NRIC S76165311, has reported to the police a non-injury traffic accident, which occurred along BUKIT BATOK WEST AVENUE 3 TOWARDS BUKIT BATOK CENTRAL, on 8/1/2023 at about 10:40am involving the following vehicles:

V 1

: YP8054L

V 2

: SKU5102R (JAVIER LEE ZHI HUI, T0038588Z)

If the accident is reported to the Police within 24 hours of its occurrence, he/she therefore has complied with Section 84(2) of the Road Traffic Act, Chapter 276.

Rank/Name of Issuing Officer : Sgt(2) Ng Wee Chew

Date/Time

: 8/1/2023 @ 01:23pm

e-Station Diary

: 41

Police Post

: Bukit Panjang NPC

Bukit Panjang NPC

Tut : 6892 5090

Signature

1 Segat Road #01-05

Original

- To be issued to informant

Duplicate

- To be retained at NPC or Police Post