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 06/02/2023 20:25 (SGT) Reported by Date of Accident 04/02/2023 18:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information (NEAR BRADDELL ROAD EXIT) EXIT 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY5356B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPERJET ENGINEERING PTE LTD Company Reg No 1XXXXX688W Email Address superjet@singnet.com.sg Mobile Phone No (Phone) +65-93543438 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Urvan 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 - Reporting only your vehicle?

Vehicle Category Commercial vehicle Transmission Manual CC 2953

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM110161591803

DRIVER

Name of Driver THAINESH SENGOL STEPHEN Passport No/FIN GXXXX858L Date Of Birth 17/05/1985 Occupation Outdoor

Date Of Driving Pass 05/02/2020 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-93543438 Alt. Phone Number Email Address superjet@singnet.com.sg Address 135 GEYLANG ROAD Address complement Postcode 389226 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 Chain Collision Weather Conditions Raining Road Surface Wet 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male **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 PLEASE 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 SMV6782S Vehicle Manufacturer

Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO OON SAN, SHAUN
NRIC No	SXXXX684I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS6426L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of this insurance companies.
- 5. Any laise reporting may be referred to the Traffic Police Department for investigation.
- 8. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singasore (GIA) for archiving and that copies of this report will for a see be made available upon application by interested parties.
- 7. By the adjument of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the reportioning made available storesaid.
- Consert under the Personal Data Protection Act (PDPA)

understant, admovledge, agree and consent that

(iii) My Insurer my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to eclect, use, disclose and/or provides 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 insunitial who have itsured vehicle(s) involved in this socident (at insurer(s) who have insured vehicle(s) involved in this socident shall be obsectively referred to us the "Insurers"), the Insurers' lawyershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling entrior dealing with my claims including the settlement of the claims and sery necessary investigations relating to

(ii) investigating the accident and/or my claims;

(iii) corryling but and/or dealing with my instructions or responding to any enquries by mo-

(iv) arithmissing my claims (including the making of correspondence, statements, involces, reports or notices to me, which could involve disclosure if certain personal data about me to bring about delivery of the same as well as on the external cover of envelopesimell

(v), complying with applicable law in administrance, processing, handling and/or dealing with my obline

(collectively the "Purposes")

(b) all insuraris) who have insured vehicle(s) involved in this accident and the insurers' invigera/law firms, may are permitted to execut use, disclose and/or process my Poreshall Information for one or more of the above Purposes; and

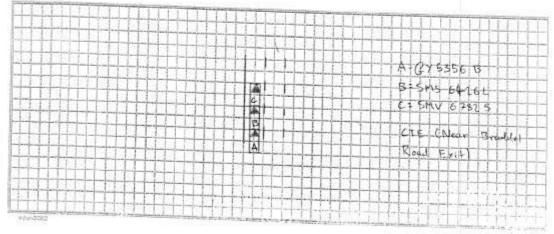
(c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents grandow firms), which may be sited outside of Singapore, for one or more of the above Purposes. (including ther more

nature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



escribe Crosmstance of the Accident		
On 04/02/2013 at a	approximately 1830hrs. Vehicle A was	
driving on CTE towards	SLE. All of a sudden Vehicle 13	-
Brake and Vehicle A c	also brake but could not do so	
time Vehicle A hit	Vehicle 13 on the year portion a	in.
Vehicle A front portion	was damaged upon checking	oud_
Vehicle A realise that	was amaged Upon checking	
3 cars	he is involved in a chain collisi	evi .
2 cars		
Q V	Y. Comments of the comment of the co	-
declare the foregoing particulars are true in overy respir	nct.	
	attine (if driver is not the policyholder) Witnessed by Reporting Centre Paranna Whitne as in NRICUID care.	











