SY03233D0003 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 13/03/2023 15:56 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (13/03/2023 15:56 (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 13/03/2023 15:56 (SGT) Reported by Date of Accident 10/03/2023 22:45 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 547 BEDOK NORTH ST 3 OPEN CARPARK Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number PC8087S INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SHIN KAIGAI TRAVEL SERVICE PTE LTD Company Reg No 198500074H Email Address SKAIGAI@SINGNET.COM.SG Mobile Phone No (Phone) +65-81003032 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 Auto CC

INSURANCE COMPANY

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd Policy Number / Cover Note Number GA470347/1

DRIVER

Name of Driver NG THIAM SIEW NRIC No S1641507C Date Of Birth 25/10/1964 Occupation Outdoor

Date Of Driving Pass 03/01/1985 Driving experience 38 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81003032 Alt. Phone Number Email Address SKAIGAI@SINGNET.COM.SG Address 547 BEDOK NORTH STREET 3 #08-1446 Address complement Postcode 460547 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 Collided into Parked Vehicle 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 SMV9009Y 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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 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 Traffic Police Department for investigation.
- Any talse reporting the 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,

SHING KAIGAT PRAYET SERVICE PTE Information for one or more of the above Purposes; and

(c) THIS SERVICE SERVICE PTE Information for one or more of the above Purposes; and

(c) THIS SERVICE SERVICE PTE Information for one or more of the above Purposes; and (including ORCHARB/EOMES, which may be sited outside of Singapore, for one or more of the above Purposes.

SINGAPORE 238875 TEL: 67348879, 67348870 X: 62358184

Policyholder's Signature / Date &

Sketch Plan

e (if driver is not the policyholder) / Date Driver's Signat

& Time

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

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SHIN KAIGAPTRAVEL SERVICE PTE LTD

#09, GRICHARD ROAD #05 UNTS are true in every respect.

ORCHARD TOWER

SINGAPORE 238875

TEL: 67348879, 67348870

Policyholder's Signature / Date & Time

FAX: 62358184

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

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

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