

[illegible]

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	13/04/2023 10:16 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 06:30 (SGT)
Exact Location of Accident	407 Ang Mo Kio Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3340T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E&WGROUP PTE LTD
Company Reg No	2XXXXX628C
Email Address	wendytransport@gmail.com
Mobile Phone No	(Phone) +65-86916664
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000008820-000

DRIVER

Name of Driver	LEE WOON CHEONG
NRIC No	SXXXX983F
Date Of Birth	13/12/1971
Occupation	Outdoor

Date Of Driving Pass	18/09/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92281201
Alt. Phone Number	-
Email Address	wendytransport@gmail.com
Address	BLK 697 HOUGANG STREET 61 #10-24
Address complement	-
Postcode	530697
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9000Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE WOON CHEONG
Gender	Male
Phone No	(Phone) +65-92281201
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	PC3340T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. The 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.

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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan



Vehicle A - PC3340T
Vehicle B - SH9000Z
407 Ang Mo Kion Ave 10

Describe Circumstances of the Accident

On the stated date and time. I was traveling straight on my designated lane. Out of sudden, vehicle B cut into my lane and collided on to the right side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

[Signature]
13/04/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	12-Apr-2023	Time of Accident:	0630
Exact Location:	407 Ang Mo Kio Ave 10		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC 3340 T	NRIC / FIN / Passport no:	201429628C
Name of Registered Owner:	E&W GROUP PTE LTD		
Owner's Email:	Wendytransport@gmail.com		
Owner's Address:	612 ANG MO KIO AVENUE 4 #11-1141 SINGAPORE (560612)		
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE
Engine Capacity (cc):	2982	Transmission:	(Auto) / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Great American		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	MOMVC000008820-02-000		

DRIVER			
Name of Driver:	LEE WOON CHEONG		<input type="checkbox"/> same as Owner
NRIC / FIN / Passport no:	S7143983E	Date of Birth:	13/12/1971
Occupation:	Indoor / Outdoor	Driving Pass Date:	18/09/2006
Contact Number:	9228 1201	Gender:	Male / Female
Address:	697 HOUGANG STREET 61 #10-24 S530697		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No	Police Report Made?	Yes / No
Was anybody injured?	Yes / No		
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SH 9000 Z		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

* Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000008820-02-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: E&W Group Pte. Ltd.	Chassis Number	: KDH2230021104
NCD Entitlement	: 20% Fleet Discount	Engine Number	: 1KD2436627
Hire Purchase	: THINK ONE CREDIT PTE. LTD.	Registration Number	: PC3340T
Period of Insurance	: From 10/12/2022 (00:00) To 09/12/2023 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
This Policy does not cover:

a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1)	: SGD 2,000.00
Excess (Section 2)	: SGD 1,500.00
Windscreen Excess	: SGD 100.00

Driver Details

Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

Name of Intermediary : Neo Chiang Yee Eric

Date of Issue : 09/12/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company

Authorised Signatory
jchen

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNO9234D0003 Vehicle Registration No: PC 3340 T
Name (as shown in NRIC): Lee Woon Cheong NRIC/FIN/Passport No: S71439831F
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 697 Honggang street bl # 12-24 Singapore (530697)
Contact (Tel): 9228 1201 Mobile No.: _____
Email Address: Wendytransport@gmail.com
Date of Accident: 12/04/23 Time of Accident: 06:30
Place of Accident: 407 Ang Mo Kio Ave 20
Insurance Company: Great American

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

*Amend from No injury to got injury
*neck injury



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rezi Wintan
NRIC/FIN No.: _____
Date: 14/04/2023