SN092353000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 03/05/2023 14:55 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (03/05/2023 14:55 (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.

- 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 03/05/2023 14:55 (SGT) Reported by **Actual Driver** Date of Accident 02/03/2023 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information 69 REDHILL CLOSE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBC7045K**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner STARHUB LTD Company Reg No 1XXXXX208C Email Address honhen.wong@starhub.com Mobile Phone No (Phone) +65-98509603 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 1461

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D19MFL0000105 04

DRIVER

Name of Driver WONG HON HEN NRIC No SXXXX876B Date Of Birth 11/05/1975 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	05/08/1997 25 YEARS AND 7 MONTHS Male (Phone) +65-86601068 - honhen.wong@starhub.com APT BLK 125 MARSILING RISE # 07-164 730125 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Property Raining Wet
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	No 1 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Changi Neighbourhood Police Centre (Phone) +65-18005872999 (Fax) +65-65872900 9 Simei Street 2 Singapore 529914 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT - G/2023 *Report was unable to submit on 02.05.2023 as Gear system was	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

BARRIER

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Colour - Vehicle Category Government Name of Driver - Contact Number - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Vehicle Model Vehicle Variant	-
Name of Driver	V 1 : 1 O 1	_
Contact Number	Vehicle Category	Government
Address - Address complement - Section 2 - Section 3 -	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Contact Number	-
Postcode - Insurance Company Name - Student -	Address	-
Insurance Company Name	Address complement	-
Nature Of Damage Details of property damaged in accident -	Postcode	-
Details of property damaged in accident	Insurance Company Name	-
	Nature Of Damage	-
No. Of Passenger (Including Driver)	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTATION NOTICE

- 1. Pleas report correctly the details of the accident to speed up the claims process.
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- B. Conse Pluder the Personal Data Protection Act (PDPA)

I understark acknowledge, agree and consent that:

(a) My installin, 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 inferred to as the "insurers"), the insurers' lawyers/flaw firms, the Monetary Authority of Singapore and any relevant government igency/authority (such as the police), for the purpose(s) of:

(i) processint 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) carryling at and/or dealing with my instructions or responding to any enquiries by me;
- (iv) admin lateing my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosures of testain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); end/or
- (v_hcomplying with applicable law in administering, processing, handling and/or dealing with my dalms.

(collectively the "Purposes")

(b) all insurer() who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, may/are permitted to collect, use, disclose ind/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 the flawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(J) 199602208C

olicy holder's Signature / Date & Time

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

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

Ketch Plan

A-GBC -TO45K

B-Barrier

A-GBC -TO45K

5/2/23, 4:46 PM

Singapore - Google Maps





Image capture: Feb 2022 © 2023 Google



A - GBC 7045 K B - Barrier



https://www.google.com/maps/@1.2864265,103.8164732,3a,90y,327.15h,80.39t/data=l3m6l1e1l3m4l1sKtGczReGbdshS3VCfQozggl2e0l7i16384l8i8... 1/1

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Declaration

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

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)

2

vJun2022





Report No. G/20230502/2034

POLICE REPORT (NP299)

Police Station Of Origin Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Date/Time Report Made 02/05/2023 12:56	Vide Report No.			Station Diary No. 21
Name Of Informant WONG HON HEN	Address APT BLK 125 MARSILING RISE #07-164 SINGAPORE 730125			
ID Type / ID No. NRIC NO / S7512876B	Contact No. Home/Office Mobile 86601068			
Nationality SINGAPORE CITIZEN	Email Address			lp
Occupation	Sex Male	Age 47	Date of Birth 11/05/1975	Race Chinese
ENGINEER Institution/School Name	Language			
Date/Time Of Incident 02/03/2023 15:00	Location Of Incident 69 REDHILL CLOSE REDHILL RISE SINGAPORE 150069			

Brief details.

I have received a email from III (India International Insurance Pte Ltd) on 29th April 2023 stating that there was an accident involving my vehicle (GBC7045K) and the carpark barrier. I am lodging this report as I am advised by them to lodged a police report and after which to follow up with them by 8th May 2023.

2nd March 2023 at 3pm, I was driving along the service road along Blk 69 Redhill Close. As I was wanted

Signature Of Officer Recording The Report: G / SGT 2 RAIMEE FARHAN SAINAWI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 12:56
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) AARON MITCHELL GOH Contact No.: 62447200	Classification Of Case:















Circumstance of the Accident	100		
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Please	Refer to th	e ortrehed	
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police	Report		
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Declaration			

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

2





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