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 15/05/2023 16:05 (SGT) Reported by **Actual Driver** Date of Accident 12/05/2023 15:44 (SGT) Exact Location of Accident Singapore Additional Location Information **BLK 205 KOVAN CENTRAL CARPARK** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number GBL6637L INSURED/POLICYHOLDER

Nissan

Is company? Yes Name Of Registered Owner A-VINZ PTE LTD Company Reg No 2XXXXX811Z Email Address yeosanny2177@gmail.com Mobile Phone No (Phone) +65-65701622 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Nv350 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 Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00145552201

DRIVER

Name of Driver YEO SANNY NRIC No SXXXX995I Date Of Birth 03/02/1955 Occupation Outdoor

Date Of Driving Pass 02/07/1984 Driving experience 38 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91430606 Alt. Phone Number Email Address yeosanny2177@gmail.com Address APT BLK 256B SUMANG WALK Address complement # 16-631 Postcode 822256 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 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 PLEASE REFER TO THE ATTACHED STATEMENT 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 **GBE5193T** Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver
Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

SKETCH PLAN

MPORT NOTICE

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- 4. The istand 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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- This record by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing size (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the logement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report bing made available aforesaid.
- 3. Conserptunder the Personal Data Protection Act (PDPA)

I under stark, acknowledge, agree and consent that:

(a) My install, 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 collective by intered to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government igency/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) carryimg at and/or dealing with my instructions or responding to any enquiries by me;
- (iv) admirplateing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain 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(t) who have insured vehicle(s) involved in this accident and the insurers' (swyers/law firms, may/are permitted to collect, use, disclose ad/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the lilawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & Time

UEN: 201117811

Actual Driver's Signature (if driver is not the pelicyholder) / Date & Tirne

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

sketch Plan

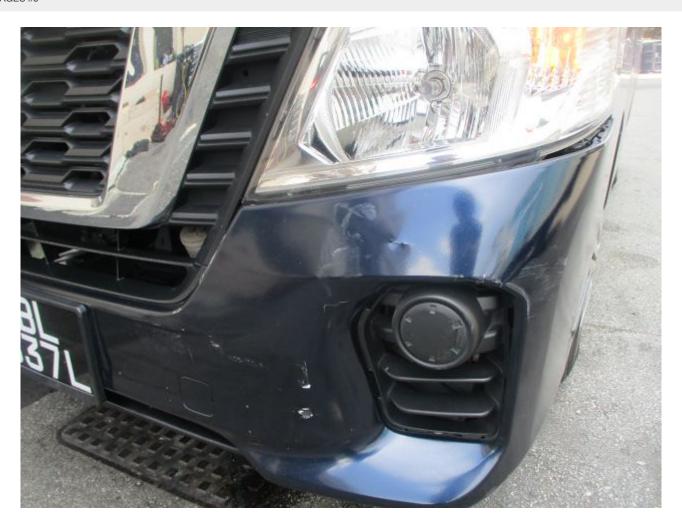
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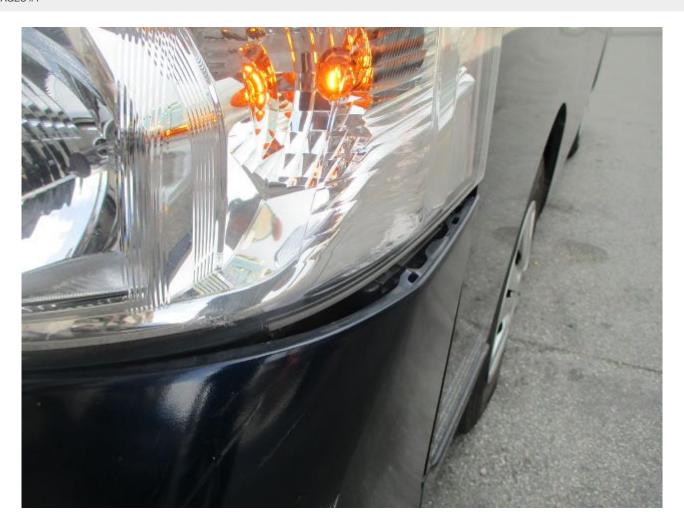
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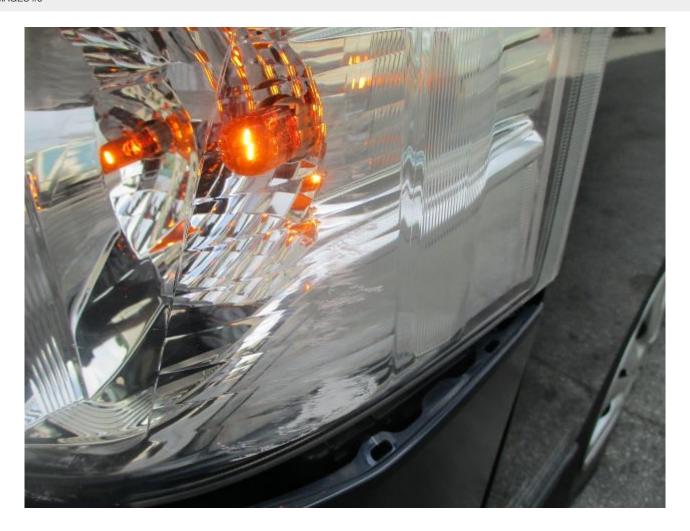
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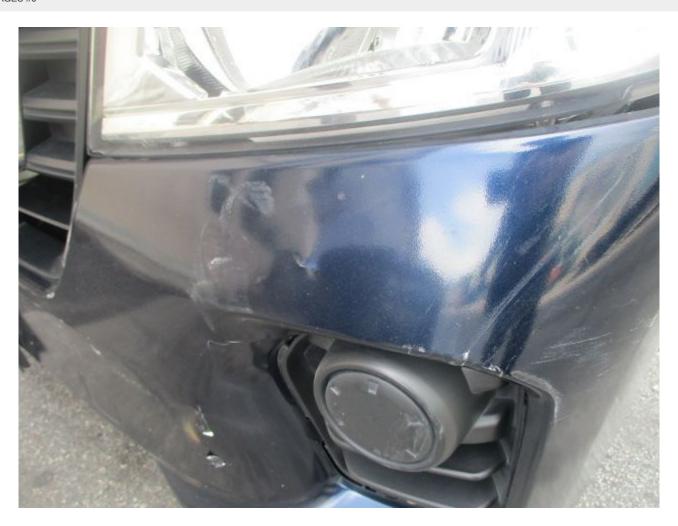


















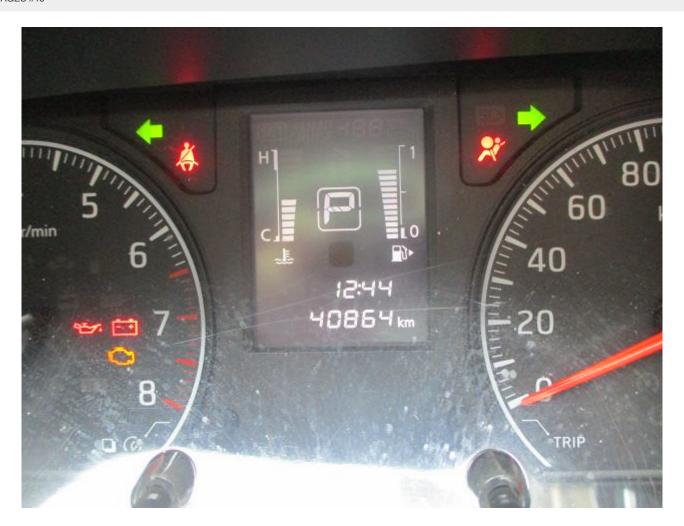


























Letter of Authorisation

Company Name	A-VINZ PTE LTD	
BRN/ UEN	201117811Z	

I, NGO BEE CHOO (Director) S7664266D (NRIC) declare that I am the director to the above-mentioned company and hereby certified that YEO SANNY (Name) S1713995I (NRIC) is the authorise user of the company vehicle No. GBL6637L.

Signature of Director

Name: NGO BEE CHOO

Date:

A-VINZ PTE LTD (Co. Reg. No.: 201117811Z) 7030 ANG MO KIO AVE 5 #07-37 NORTHSTAR@AMK SINGAPORE 569880 TEL: 6570 1622 FAX: 6570 1633

Company Stamp

Note: This format to be printed on Company letterhead