SN0923690007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/06/2023 17:33 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (09/06/2023 17:33 (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 09/06/2023 17:33 (SGT) Reported by **Actual Driver** Date of Accident 02/11/2022 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information AIRPORT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

Commercial vehicle

Manual

2982

Vehicle Registration Number **GBJ1328Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **AEGRO ENGINEERING & CONSTRUCTION** Company Reg No 5XXXX739K Email Address aegro @hotmail.com Mobile Phone No (Phone) +65-66358730 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment**

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z23VC05015578

DRIVER

CC

Name of Driver LING WEN BIN Passport No/FIN FXXXX355X Date Of Birth 29/03/1991 Occupation Outdoor

Date Of Driving Pass 08/12/2016 Driving experience 5 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-83333785 Alt. Phone Number Email Address aegro_@hotmail.com Address 1 PHENG GECK AVENUE Address complement # 05-15 Postcode 348196 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? 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 PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name **UNKNOWN** Gender Male 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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	GBH1591M -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 2. Consent under the Personal Data Protection Act (PDPA)

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(a) 10 more in my workshowled the General Insurance Association of Shappore ("GIA") may not permitted to collect, use, notation

25 for process, we personal actia/personal information set out in this (roma) and other personal information provided by me or

possessed by a laster (correctively the "Personal Information") and dischere 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

costoft ely referred to as the "Insurers"), the Insurers' lawyers/favr (rms, the Monetary Authority of Singapore and any relevant

government agency/authority (such as the police), for the purpose(s) of:

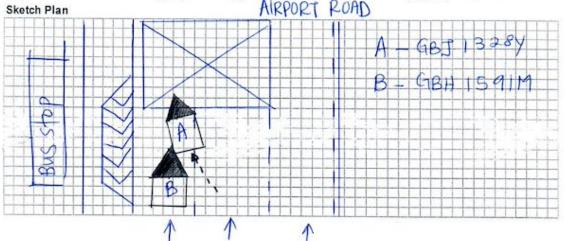
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



Circumstance of the Accident				
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his right mirror	was he		Jujun	
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pectaration. We doctore the foregoing particulars are true in every re	spect.			
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Policyhokiar's Signature / Date & Time / Date & Time / Date & Time	Signature (if driver is not the po	(Name a	h HRICAD ourd)	2





