SC1R236D0004 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 13/06/2023 14:13 (SGT) SUBMITTED BY: Kelvin Su VERSION: 1 (13/06/2023 14:13 (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.

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 13/06/2023 14:13 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/05/2023 07:25 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS TUAS** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsubishi

1300

Vehicle Registration Number SKW5538G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHUN HAN NRIC No S7805935D Email Address junhan78@yahoo.com Mobile Phone No (Phone) +65-96882969 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Attrage Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number V5006613

DRIVER

CC

Name of Driver TAN CHUN HAN NRIC No S7805935D Date Of Birth 02/03/1978 Occupation Indoor

Date Of Driving Pass 08/08/1978 Driving experience 44 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96882969 Alt. Phone Number Email Address junhan78@yahoo.com Address BLK211A PUNGGOL WALK #12-623 Address complement Postcode 821211 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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 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 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 SHC4946J Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour

JAHAYA BIN AMAD

S7043378H

Vehicle Category
Name of Driver

NRIC No

Contact Number	(Phone) +65-98379443
Address	-
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	_

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
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- 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.
- 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 setout 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of traud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
  - to all Insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Pokayholder's Signature

23 Mm 23

1≈ Yivads Signature

(In crivar is not the object/horder). Oscie & Firms. 27 May 23

Reporting Centre Personnel's Signahura Name. Stolk Mr Salet

NR OF N 191782028

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# SINGTEL CAR PROTECT

EXCESS APPLICABLE

POLICY DETAIL! Policy Number Policyholder Mailing Address Premium	POLICY DETAILS	y Number : V5006613				Period of Insurance 26/03/2027 to 25/09/2023
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servor Maso & Stades	MITSUBIC	MITSUSSMI - ATTRACE
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way or Registration		8048
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Service 12 village	ATSENAX	A13AJHÖDGKPD

SEG AUThorsof Workshop

Up to \$\$1,040

Death or Permanent Disability

3, Medical Expensos

Authorized Driver and/or Passon

Additional Optional Benefits

Up to SSLODCLDDD

Up to Water Ust.

Applicated Loss of or Damage by other tricured caused

Less or comage by freign that

1. Insurance On The Vehicle

Tevrng Service in the event of an accoded

2. Liabitity To ThirdParties

Windcropin Cover Repair Workshop

Desti: Or Bootly Injury Demogs To Property

BENEFIT TABLE

Slandard Excess (Section 1)

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Agn 25 to 69 (Loss than 3 Yes

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NCC Protector (For policyholdens with 40% and 50% NCC)

Loss of Uso (\$500 per day, up to 7 days)





















