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 First Submission 04/10/2024 11:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/10/2024 18:55 (SGT) Exact Location of Accident Bukit Timah Expy, Singapore Additional Location Information ALONG BUKIT TIMAH EXPRESSWAY TOWARDS WOODLANDS (APPROXIMATE LOCATION COORDINATE: 1°23'17.2"N 103°46'28.7"E) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SMM250Y**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE MOY HANG NRIC No S0224071H Email Address hwalianhengco@gmail.com Mobile Phone No (Phone) +65-90616089 Alternative Phone No (Office) +65-63688238

VEHICLE PARTICULARS

Manufacturer Mercedes Model E 250CGI Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Manual 1796 Vehicle Fuel Petrol First Regisration Date 25/01/2010 Chassis no WDD2120472A116325

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00081082402

Effective Date/Time of Ownership

DRIVER

Name of Driver	LEE MOY HANG
NRIC No	S0224071H
Date Of Birth	08/10/1954
Occupation	Indoor
Driving Pass Date	17/01/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	(Phone) +65-90616089
Email Address	(Office) +65-63688238
	hwalianhengco@gmail.com
Address	28 JALAN SHAER SINGAPORE 769374
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	
noau Suriace	Oily road surface
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?	No
Was any injured in the Accident: Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	
	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
soliciting/offering accident claims assistance? Translator's name	INU
	-
	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Name	NA
Gender	Female
PASSENGER 2	
Name	NA
Gender	Female
DETAIL O OF BOLLOF ACTION	

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED.



Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS7878H Vehicle Manufacturer **BMW** Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver TAN SHAO BAN NRIC No S6868929E Contact Number (Phone) +65-92310522 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.

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

- (iii) 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

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/II) card)

Sketch Plan

| A: Smm250Y. | T | T | B: Sks7878H. | B: Sks7878H.

On 3/10/24 around 18 15th when I was drive	21
ON 3/10/24, around 18 JIM when J was are	7,
SMM DSOY along BXZ Before Mada; Kd to	duls
wardland directors. I was trainf around 751	en /h
	Internat
	0
Swhy to ceft love and string bank to M	y lave
I april 1 Rue mer brooks but of but	has
too like my Fronthelt portion hit he	1361
back partien on SKS 18 78 Ht As Photo atten	lead
17-1-17	4)
No one now Injured.	
to make report pupus.	
99	
Declaration	
I/We declare the foregoing particulars are true in every respect.	
	1
4/10/24 M	A do law
	1410174
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting C (Name as in NRIC/ID card	
The same of the sa	(e)
un2022 \	



























