SN0B246A0001-01 / N-51 AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 10/06/2024 12:06 (SGT) SUBMITTED BY: Tan Jun Ming VERSION: 2 (10/06/2024 12:19 (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 <u>completed by the Policyholder and/or the Actual Driver</u>
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

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 Form by insurance companies is not an admission of policy hability 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**

10/06/2024 12:06 (SGT) Date of First Submission Both Policyholder and Actual Driver Reported by 08/06/2024 08:00 (SGT) Date of Accident 1380 Ang Mo Kio Ave 1, Singapore 569930 **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

SLX1008D

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner CHUAH LIAN SIM SXXXX326D NRIC No KUANJEEANN@GMAIL.COM Email Address (Phone) +65-97808275 Mobile Phone No

### VEHICLE PARTICULARS

Alternative Phone No

Vehicle Registration Number

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

### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd SI23V1385/VPE/R03 Policy Number / Cover Note Number

### DRIVER

CHUAH LIAN SIM Name of Driver SXXXX326D NRIC No 05/03/1948 Date Of Birth Occupation Indoor

Divining experience Gender Mobile Number Mobile Number Mobile Number Mobile Number Mobile Number Email Address Address Set CLOVER AVENUE  578337 Postoode Street Wire The policyholder? Is the driver the policyholder? Insurance Company of Other Wehicle Owned by Driver Insurance Company of Other Wehicle Own	Driving Pass Date	10/09/1985
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SLT3723E

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ8750X
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-
The state of the s	-

#### 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 antifor the Actual Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudate policy liability</u>.
- 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 Insureir, my workshop and the General Insurance Association of Singapore ("GIA") may/ate 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 franctic 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 refevant government agency/authority (stich 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 dains;
- (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' tewyers/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 / Dale & Time

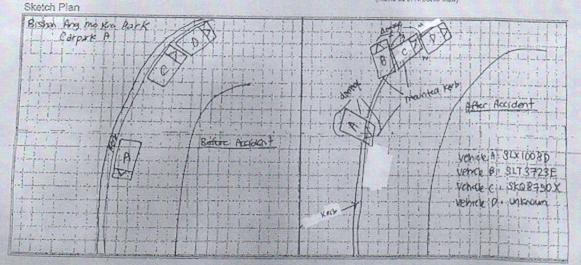
Chusha

Policyholder a Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

& Time

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



Describe Circumstance of the Accident	
As per police Report	
Report No: 7/20240608/7025	
	+
Declaration I/We declare the foregoing particulars are true in every respect.	
chualins - Chualian	
Policyholder's Signature / Date & Time Driver's Signature (d driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel (Name as in NRICVID card)	
	2



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



1 of 3

Report No. T/20240608/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.:

08/06/202	4 12:47	Season and the season	at Burnish Co.	and the property of the second second		
Informant	s Particular	18				
Name of Informant: CHUAH LIAN SIM			Address: 54 CLOVER AVENUE SINGAPORE 579337			
ID Type / NRIC NO	D No.: / S1852326	6D	Contact No.: Home/Office:	Mobile: 97808275		
Nationality SINGAPO	RE CITIZE	N	Email: KUANJEEANN@GMAIL	LCOM		
Sex: Female	Age: 76	Date of Birth: 05/03/1948	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupatio Unemploy			Driving Licence Informa Class:	tion: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive No	Date/Time of Accident 08/06/2024 08:00	Type of Location: Car Park
Location:				
ANG MO KIO AVE	NUE 1			
Weather:		Road Surface:		
Clear		Dry		
Clear Traffic Flow; Two Way		Dry Traffic Control: Not Controlled		raffic Volume:
Traffic Flow; Two Way Type of Collision:	ainst - Parked Vehicle	Traffic Control:	M	raffic Volume: oderate nyone conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKQ8750E	Motor car	AUDI	A6	Silver	Seriously Damaged	0
SLT3723E	Motor car	HYUNDAI	IONIQ	Brown	Seriously Damaged	0
SLX1008D	Motor car	HONDA	AIRWAVE		Seriously Damaged	0
	Motor car	HONDA	CIVIC	Black	-	0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20240808/7025

CONTINUATION OF REPORT

No. of Pedestrian	ovolved: No	l line of D			
Driver.	s injured: NIC	Use of Pec	Jestrian Cro	ssin	g: NA
Name	Unknown Driver				
ivanie	Offichown Driver		ID No.		NIL
Related Vehicle	SLT3723E (Motor car)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		parco N	JIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of	CONTRACTOR OF THE PARTY OF THE	erio	ug.
Driver		Degree of	rigury 1	PERIO	us
Name	CHUAH LIAN SIM		ID No.		\$1852326D
Related Vehicle	SLX1008D (Motor car)		Contact I	No.	97808275
Hospital/Clinic	NIL		Class of Driving Licence 8		Class: NIL Date of Expiry: NIL
			Expiry D	ate	
Date Treatment	NIL	Date Disch		ate	

### Brief Details.

Brief Details.

AS OF ABOVE DATE AT AROUND 0830HRS, I RETURNED TO MY VEHICLE (SLX1008D) WHICH WAS PARKED AT BISHAN ANG MO KIO PARK CARPARK A ALONG THE PARRELL PARKING LOT. I SAW THAT MY VEHICLE MOUNTED THE KERB AND WAS BADLY DAMAGED ON THE LEFT PORTION, FRONT PORTION AND REAR RIGHT WHEEL. THERE WAS A VEHICLE AT THE SIDE OF MY VEHICLE (SLT3723E) WHICH ALSO MOUNTED THE KERB FACING UPWARDS WITH A BADLY DAMAGED FRONT PORTION.

TO THE RIGHT OF VEHICLE (SLT3723E) THERE WAS ALSO ANOTHER VEHICLE; SILVER AUDI(SKQ8750X) DAMAGED ON THE REAR PORTION WITH AN UNKNOWN CARPLATE NUMER (BLACK HONDA CIVIC) INFRONT OF THIS VEHICLE (SKQ8750X), THE DRIVER OF SLT3723E WAS SUBSEQUENTLY CONVEYED BY AMBULIANCE TO THE HOSPITAL. AMBULANCE TO THE HOSPITAL

