ENTRY DATE & TIME: 19/12/2024 18:21 (SGT)
SUBMITTED BY: Allen Ng (consultant@dingauto.sg)
VERSION: 1 (19/12/2024 18:21 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> 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

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.

ACCIDENT STATEMENT

19/12/2024 18:21 (SGT) Date of First Submission Both Policyholder and Actual Driver Reported by 19/12/2024 12:00 (SGT) Date of Accident Singapore Exact Location of Accident SPLIT CHANNEL WOODLANDS AVE 12 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mercedes

SNE4441S Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? CHAN KIM WAI WILLIAM Name Of Registered Owner SXXXX320E NRIC No WILLIAMCHANKW@HOTMAIL.COM Email Address (Phone) +65-86664441 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer F200 Model 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 Yes your vehicle? Private car Vehicle Category Auto Transmission 1991 CC Petrol Vehicle Fuel First Regisration Date WDD2130422A468163 Chassis no

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00105092400

DRIVER



Effective Date/Time of Ownership

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 6. 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. 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. 8. Consent under the Personal Data Protection Act (PDPA)

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose I understand, acknowledge, agree and consent that : 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' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (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;
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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.

Driver's Signature (f driver is not the policyholder) / Date Witnesse Policyholder's Signature / Date & & Time Time

Sketch Plan DIADI