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 First Submission 29/07/2024 13:18 (SGT) Reported by **Actual Driver** Date of Accident 28/07/2024 15:54 (SGT) Exact Location of Accident Singapore Additional Location Information CROSS JUNCTION BETWEEN NORTH BRIDGE ROAD & BRAS **BASAH ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SMW2386Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NI JING NRIC No SXXXX505J Email Address PHAMQVINH42@GMAIL.COM Mobile Phone No (Phone) +65-94797647 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC 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 CC 1496

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number V5009422

DRIVER

Name of Driver PHAM QUANG VINH NRIC No SXXXX003G Date Of Birth 04/02/1986

Occupation Indoor Driving Pass Date 27/10/2021 Driving experience 2 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-94797647 Alt. Phone Number Email Address PHAMQVINH42@GMAIL.COM Address 123 COMPASSVALE BOW Address complement #06-25 Postcode 544819 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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? 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SHI GUANGHUA Gender Female PASSENGER 2 Name NI HAILING Gender Female PASSENGER 3 Name NI JING Gender Female 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

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8656U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIEU VOON CHYE
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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- 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.
- 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 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")

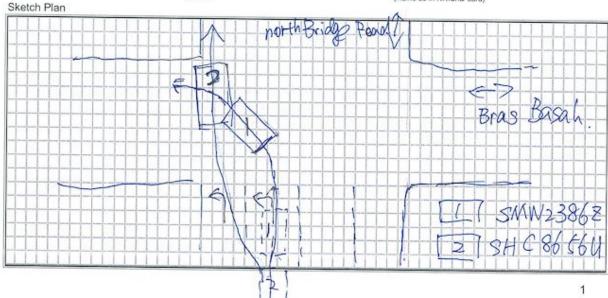
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

& Time

Witnessed by Reporting Cent. (Name as in NRIC/ID card)



HICLE NO: SMW 23862	CCIDENT DATE & TIME: 28- Jul-2024 .03:54:44
INTACT NUMBER: +45 91797617 E	MAIL: phamavinh 42 @ amail com
CATION: COSC Junation battleon North	MAIL: phamqvinh 42@gmail.com Bridge Road and Bras Basah Roaa
GOS JUNEOUN BEOMOCH 14070	Bridge Room Will Dias Casan Rusa
Please refer to the attachment for	the details.
	AVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PI PLEASE STATE: () CLAIM OWN POLICY CLAIM THIRD PA	LEASE CHECK YOUR POLICY FOR MORE INFORMATION. RTY () CLAIM OD/TP AT OTHER WORKSHOP () REPORTING ONLY

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

29-521-2024,12:58

& Time

Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre Personnel (Name as in NRICUD card)

2

My Details:

Driver Name: PHAM QUANG VINH (S8676003G, Singaporean)
 Owner Name: NI JING (S8666505J, Chinese / Singaporean PR)

Address: 123 Compassvale Bow, Esparina Residences #06-25 S544819

Contact Number: +65 94797647

Car Model: MAZDA – 3
 Vehicle Number: SMW2386Z

AutoWise Policy Number: V5009422 (Great Eastern)

Other Party Details:

Driver Name: LIEU VOON CHYE (\$1775296J)

Address: Apt Block 855, Tampines Street 83, #08-264, Singapore 520855

Car Model: Toyota Prius
 Vehicle Number: SHC8656U
 Contact Number: Unknown

Incident Details:

Date / Time: 28-Jul-2024, 03:54:44PM

Location: Cross junction between North Bridge Road and Bras Basah Road

Details in chronological order, some of which were retrieved from the car camera:

- 3:54:39PM: I were driving along North Bridge Road (4 lanes) approaching the junction with Brash Basah road. At that time, my car was on the 3rd lane (which can either turn left or go straight) waiting to turn left. From the rear camera, the taxi with car plate SHC8656U (so called "the Taxi" thereafter) was driving behind me inside 3rd lane. At that time, the traffic light was Green. And therefore, I gradually drove the car forward. Please refer to the screenshot "Camera Screenshot 03-54-39 Approaching Junction.jpg" for the screenshot from both front & rear cameras.
- 3:54:42PM: The traffic light turned amber after I have passed the line and prepared for left turn. From the rear camera, the Taxi started to move to 4th lane, which is supposed to be only for turning left. Please refer to "Camera Screenshot 03-54-42 Amber Light.jpg" for the screenshot from both front & rear cameras.
- 3:54:43PM: The Taxi sped up at the amber light and moved to the left lane (4th lane, which is supposed to be only for turning left) and started to dangerously overtake my car. Please refer to "Camera Screenshot 03-54-42 Taxi overtaking from left 1 & 2" for the screenshots from both front & rear cameras.
- 3:54:44-3:54:46PM: Both cars side swiped each other. The Taxi overtook my car
 dangerously on the left and it went straight on a left turning lane. From the front & rear
 cameras, it could be seen that my car has moved pretty gradually while the Taxi has
 sped up for a dangerous and inappropriate overtaking.



