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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

| aforesaid. | |
|------------------------------------------------------------------------------|-----------------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 27/11/2017 17:03 |
| Date Of Accident | 25/11/2017 13:20 |
| Exact Location Of Accident | BUKIT PANJANG (BLK 163 GANGSA RD MSCP) |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKT5177E |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG XIAOZHEN |
| NRIC No | S8227387E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96211604 |
| Alternative Phone No | OTHERS-96211604 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | JETTA |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3082541701 |
| | |

Driver

Cover Note Number

Name of Driver

LIM KOK HUI(LIN GUOHUI)

 NRIC No
 \$8225581H

 Date Of Birth
 16/08/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 01/03/2002

Driving Experience 15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96211604

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 440B FERNVALE LINK

#14-171

3

Postcode 792440

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GZ6841E

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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- 7. By the lodgment 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)
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

| SKETCH PLAN | DACK 113 OF BUK 163 | | | STOREY | canpair. |
|-------------|---------------------|---------------|-----|-------------|----------|
| venice | A - SKT SIFFIE | + | 1 1 | | -4 |
| ven cue | 8 - C13 9241E | \rightarrow | A | 200 | n |
| | | | | DA J | 155 |
| | | | | Deca Police | |

BE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT |
|---------------------------------------------------------|
| I was pawing along on a single was in Time multi Storey |
| CARPARK ON DECK 18 |
| WHILE DEWING FORWARD AS A VEHICUE WAS STOPPED OF THE |
| GOING DOWN RAMP, AND SO I APPLIED BRAKE AND EMPPED |
| my very our to wait for my turn to move on. |
| SUPPENLY THE VEHICLE ENGAGED TO REVERSE CLEAR |
| PLUO STARTED REVERSIVE, AND HIT OUTO THE FRUNT RIGHT |
| PORTION OF MY VEHICLE. |
| |
| ALCHIED FROM MY UBHICLE BAD REPLIED IT WAS A |
| VEHICLE BEDRIAL (GZ 68412) THAT REVERSED FROM THE |
| GOING DOWN RAMP AND HIT ONTO THE PRONT PICKET PORTION |
| OF MY WELLIOUR. |
| |
| VEHICUR A- SKT SIFFE |
| VALUE 3 - 68 6841 12 |
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DECLARATION

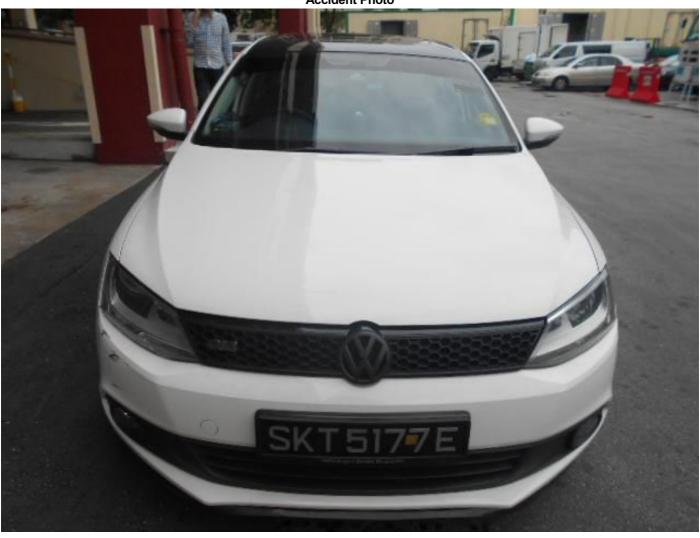
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

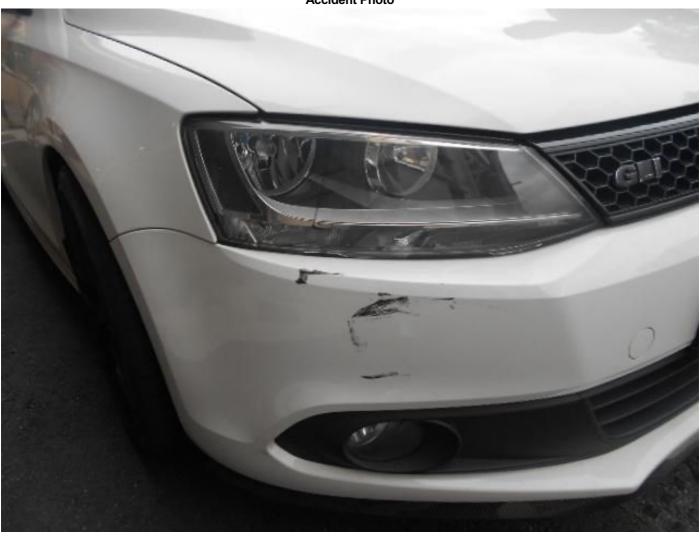
Name: NRIC/FIN No.:









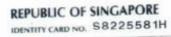






Driving License

DRIVER







LIM KOK HUI
(LIN GUOHUI)
林 国 译
Rem
CHINESE
Date of Both
16-08-1982 M
County of Both
SINGAPORE





