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 | 02/04/2018 14:35 | | | |
| Date Of Accident | 31/03/2018 18:00 | | | |
| Exact Location Of Accident | BEDOK RESERVOIR ROAD | | | |
| Country/State of Loss | SINGAPORE | | | |
| DETAILS OF OWN VEHICLE | | | | |
| Vehicle Registration Number | SCY8999Z | | | |
| Insured/Policyholder | | | | |
| Name Of Registered Owner | SIM SENG CHOON @ LAI KIM CHANG | | | |
| NRIC No | S0678121G | | | |
| Email Address | GUIHUI.CHNG@GMAIL.COM | | | |
| Mobile Phone No | (LOCAL) +65-96978174 | | | |
| Alternative Phone No | OTHERS-96978174 | | | |
| Vehicle Particulars | | | | |
| Manufacturer | TOYOTA | | | |
| Model | ESTIMA AERAS PREMIUM 2.4 A | | | |
| 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 | REPORTING ONLY | | | |
| 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 | DMPCSN3001641802 | | | |
| Cover Note Number | | | | |
| Driver | | | | |
| | | | | |

Name of Driver CHNG GUI HUI
NRIC No S8728989C
Date Of Birth 17/09/1987
Occupation INDOOR
Date Of Driving Pass 30/12/2010

Driving Experience 7 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96978174

Fax Number

Contact Number OTHERS-96978174

EMail Address GUIHUI.CHNG@GMAIL.COM

Address BLK 641 BEDOK RESERVOIR ROAD

#11-67

Postcode 410641

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DAUGHTER IN LAW

Vehicle Registration Number of Driver's Own

Vehicle

ourance Company of Driver's Our Vehicle

Insurance Company of Driver's Own Vehicle

-

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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? NO
Was there any audio recorded? NO

Details of Witness 1

Name MAHMUD AHMAD

Phone Number 97232734

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FX6186K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver OSALLI BIN RAHIM

NRIC/Passport Number S9518004C Contact Number 82688394

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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) of:
 - 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")
- 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:
 - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

| EKETCH PLAN | s 11 | W B | 3 |
|---|-----------------------------|---------------|--|
| Mans Scy8999Z Fx6186K | (151) | [A] | HDB |
| Fx 6186K | post 1 | 1 101 |][|
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | | |
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| There was a without 2 cars be | hind the yel | low box were | stationary too He d down. |
| 7.110 | | | |
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| | | | |
| DECLARATION I/We declare the foregoing parti | culars are true in every re | spect. | \.: 2/4/ |
| Policyholder's Signature | Driver's Signature | 1 | Reporting Centre Personnel's Signature |

DRIVER









ANNEX E

NOTICE OF REPORTING

This is to confirm that Chng Gui Hui, NRIC: S8728989C, has reported to the Police a non-injury traffic accident which occurred at Along Bedok Reservoir Road beside Euros Mansion on 31/03/2018 at 1800 hrs involving the following vehicles:

- a) SCY8999Z (Toyota Estima- Silver Grey)
- b) FX6186K (Kawasaki Ninja Black)
- If accident was reported to the Police within 24 hrs of its occurrence, then she has 2. complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok North NPC No. 30 Bedok North Road Singapore 469976

Tel: 1800-2449999

Rank / Name of Issuing officer: SGT Naszruf

Date: 31/03/2018

Time: 2328hrs

S/D Ref:

90

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant Duplicate- to be submitted to Traffic Police

Sketch Plan #5

Wittness for Driver.

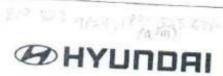
Mahmud Ahmad HP; 9723 2734

1.14





23 Kaki Bukit Ave 4, #03-01 Vicom Inspection Centre (South Wing) S415933 Tel: (+65) 6769 5155 Fax: (+65) 6763 5155 RDC no: 201500047H Website: http://skauto.com.sg



Showroom: 7 Gentles Cresconf #01-05 AHK/g Gentles

5 Kall Built Ave 4, #08-45/46 | Premeration | Ровотвой Какт Викл

