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 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 Submission 02/01/2021 13:28 (SGT) Date of Accident 31/12/2020 17:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI (TOA PAYOH SAFRA) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD211T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MELVIN KONG NYONG WIN NRIC No. S2677650C Email Address NELLIS28@LIVE.COM Mobile Phone No (Phone) +65-94526696 Alternative Phone No +65-85116483

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180k Variant 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00026302006 Cover Note Number

DRIVER

Name of Driver **NELLIS KONG SHU XIN** NRIC No S9909744B Date Of Birth 31/03/1999 Occupation Indoor

Date Of Driving Pass 01/02/2018 Driving experience 2 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-85116483 Alt. Phone Number Email Address NELLIS28@LIVE.COM Address BLK41 CIRCUIT ROAD #10-541 Address complement Postcode 370041 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG PIE HEADING TOWARDS PAYA LEBAR, THE TRAFFIC WAS HEAVY AND SLOW MOVING, WHEN THE FRONT VEHICLE: SLQ2381E JAM BRAKE, I ALSO FOLLOWED SUIT, BUT FAILED TO STOP IN TIME AND COLLIDED INTO ITS REAR PORTION.

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

Was notice of intended Prosecution given?

If yes, against whom?

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLQ2381E

 Vehicle Manufacturer
 Subaru

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TAY YONG MENG (ZHENG RONG MING)

 NRIC No
 S8836149J

 Contact Number
 (Phone) +65-98455209

 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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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 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' law yers/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
- (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' 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.

Policyholder's Signature /	Date & Driver's Signa & Time	ature (If driver is not	t the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	Towards Che	191		
			DOA	= 31-12-20
Toa Payoh			- A	5122117
Swimming		B	В	SLQ 3381E
Complex		All		

Describe Circumstances of the Accident
I was travelling along PTE heading towards Paya Lebar,
the traffic was heavy and slow moving, when the
front vehicle: SLQ238/E jam brake, I also followed
Aron contract 3-20 28/E Jam Strate, I will believed
suit, but failed to stop in time and collided into
its rear portion.
eclaration
/e declare the foregoing particulars are true in every respect.
ne declare the foregoing particulars are tide in every respect.
In the state of
2 1 21 11.35 am 2 1/21 11.35 am
licyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre
& Time Personnel































