G^IA 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 Authorised 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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	18/01/2021 14:44 (SGT)
Date of Accident	15/01/2021 19:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS TOWN NEAR BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8528C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEAN YEO SIN HAW
NRIC No	SXXXX528E
Email Address	dypd888@gmail.com
Mobile Phone No	(Phone) +65-93870394
Alternative Phone No	+65-93870394

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00137082000
Cover Note Number	-

DRIVER

Name of Driver	DEAN YEO SIN HAW
NRIC No	SXXXX528E
Date Of Birth	17/08/1977
Occupation	Indoor

Date Of Driving Pass	09/01/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-93870394
Alt. Phone Number	+65-93870394
Email Address	dypd888@gmail.com
Address	83 YISHUN AVENUE 11 09-29
Address complement	-
Postcode	768864
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
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
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM5697J
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ERIC CHAN WAI LOON
NRIC No	SXXXX580H
Contact Number	(Phone) +65-93870394
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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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 Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 15/01/2021 at about 1925 hrs, I Dean Yeo Sin Haw (NRIC no. S7722528E) driving vehicle no. SMU 8528E along CTE towards Orchard was nearing CTE Braddell exit 8B was coming to a stop. As my vehicle stopped I felt a crash from the back of my vehicle causing ~~that I managed to brake~~ As my foot was ~~The~~ my vehicle to jerk forward. As my foot was still on the brake, I managed to prevent my vehicle from colliding with the vehicle in front. ~~I immediately~~ immediately got out of my vehicle to check and ~~noted & that~~ realised that the vehicle behind my car had knocked/crashed into the back of my car. The vehicle no. that had crashed into my car it was SMVM 5697J driven by one Eric Chan Wai Hoon (NRIC no. S7836558014) He apologized to me for crashing into my vehicle and we exchanged particulars. That is all.

Declaration

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

18/01/21 1223pm.
_____
Policyholder's Signature / Date & Time

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

18/01/2021.
_____
Witnessed by Reporting Centre Personnel

- CNG Cylinders DOM 2007/2008/2009
- Cylinders installed in 2007/2008/2009
- Working pressure at 200 bar
- Serial No. :1.
           2.
           3.
           4.

DAIMLERCHRYSLER AG
WDB2110422A950393
2275 kg

Mercedes-Benz
MY2006
C353
TYP: 211 G
PZ: 5
1.0%
Made in Germany

1- 1025 kg
2- 1295 kg