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 25/01/2021 17:11 (SGT) Date of Accident 23/01/2021 11:05 (SGT) Exact Location of Accident Ang Mo Kio Ave 1, Singapore Additional Location Information JUNC WITH MARYMOUNT RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU9500A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHUA WEE SHE (CAI WEISI) NRIC No. SXXXX387C Email Address WEESHEC@YAHOO.COM.SG Mobile Phone No (Phone) +65-94235583 Alternative Phone No +65-94235583

VEHICLE PARTICULARS

Manufacturer Porsche Model Macan 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 Policy Number DMPCSNW00076352000 Cover Note Number

DRIVER

Name of Driver CHUA WEE SHE (CAI WEISI) NRIC No SXXXX387C Date Of Birth 05/01/1974 Occupation Indoor

Date Of Driving Pass	12/01/1998
Driving experience	23 YEARS
Gender	Female
Mobile Number	
	(Phone) +65-94235583
Alt. Phone Number	+65-94235583
Email Address	WEESHEC@YAHOO.COM.SG
Address	26 LOR 1 REALTY PARK
Address complement	-
Postcode	536949
Is the driver the policyholder?	Yes
	165
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	
GENERAL INI ONWATION OF THE AGGIDENT	
Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry
	519
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
	-
Gender	Female
PASSENGER 2	
1710021102112	
Name	_
	- Male
Name	- Male
Name Gender	- Male
Name	- Male
Name Gender	- Male
Name Gender DETAILS OF POLICE ACTION	
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Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category Name of Driver	Private car
NRIC No	POH SZE PENG SXXXX712D
Contact Number	3AAAA/12D
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

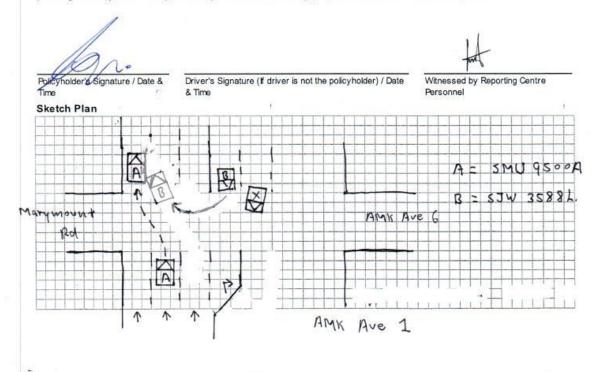
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 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' 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.



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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

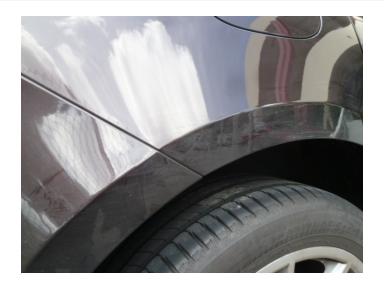












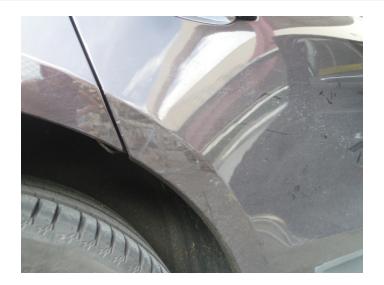


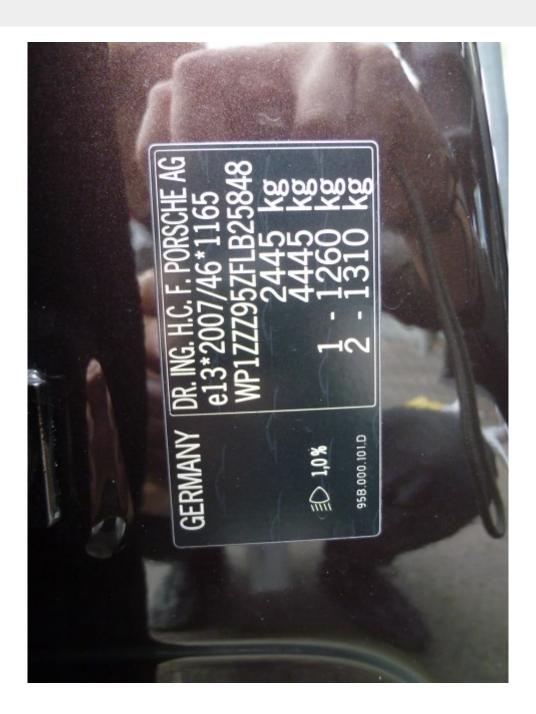




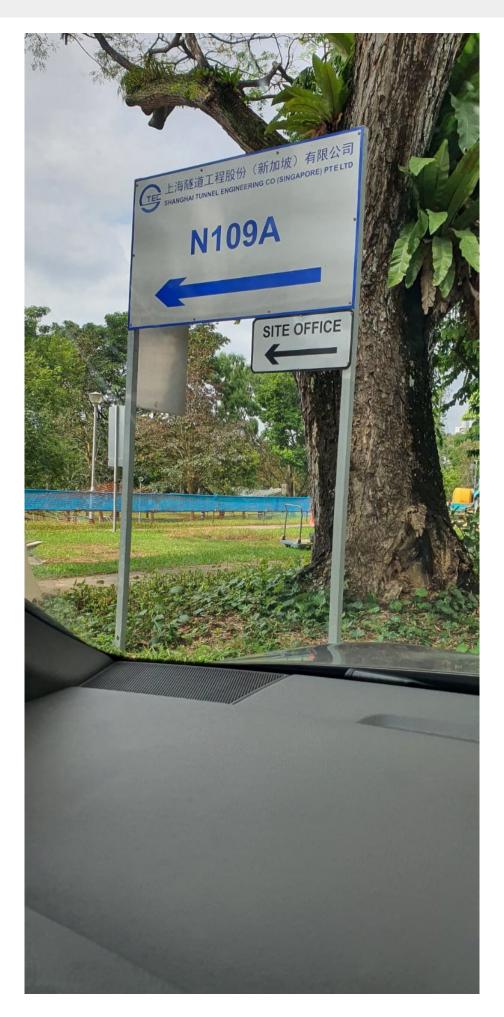
















10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

02 Jul 2020

Our ref 0207200203N061014688

What You Need To Do:

You must show the new number SMU9500A on your vehicle by 05 Jul 2020.

CHUA WEE SHE (CAI WEISI) 26 LORONG 1 REALTY PARK SINGAPORE 536949

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SKT2989Z With SMU9500A

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SKT2989Z, now has the number SMU9500A.

The vehicle details after the transaction are:

Transaction No.

: 20200702164536795164

Vehicle Registration

: SMU9500A (Previously SKT2989Z)

No.

Vehicle Make

: PORSCHE

Vehicle Model

: MACAN 2.0 A/T ABS D/AIRBAG

AWD

Chassis No.

: WP1ZZZ95ZFLB25848

Engine No./ Motor

: 113385 / -

No.

Please change the number plates on this vehicle to show SMU9500A by 05 Jul 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles Vehicle Quota & Registration Division Land Transport Authority [This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!