G|A 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.
<u>**5. 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	30/01/2021 14:22 (SGT)
Date of Accident	29/01/2021 19:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE719S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FRANCIS CHUA POH HUAT
NRIC No	SXXXX539H
Email Address	francis_chua75@hotmail.com
Mobile Phone No	(Phone) +65-97436891
Alternative Phone No	+65-97436891

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	DMPCSNW00068182000
Cover Note Number	-

DRIVER

Name of Driver	FRANCIS CHUA POH HUAT
NRIC No	SXXXX539H
Date Of Birth	15/07/1975
Occupation	Outdoor

Date Of Driving Pass	14/11/2003
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97436891
Alt. Phone Number	+65-97436891
Email Address	francis_chua75@hotmail.com
Address	BLK 298 PUNGGOL CENTRAL #08-467
Address complement	-
Postcode	820298
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFP6623H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG SHENG JUN
NRIC No	SXXXX245I

Contact Number .... (Phone) +65-92220505
Address .... -
Address complement .... -
Postcode .... -
Insurance Company Name .... -
Nature Of Damage .... -
Details of property damaged in accident .... -
No. Of Passenger (Including Driver) .... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMQ5446X
Vehicle Manufacturer .... Hyundai
Vehicle Model .... -
Vehicle Variant .... -
Vehicle Colour .... -
Vehicle Category .... Private car
Name of Driver .... CHIA TONG KHIAW
NRIC No SXXXX709G
Contact Number .... (Phone) +65-88099338
Address .... -
Address complement .... -
Postcode .... -
Insurance Company Name .... -
Nature Of Damage .... -
Details of property damaged in accident .... -
No. Of Passenger (Including Driver) .... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .... FRANCIS CHUA POH HUAT
Address .... -
Address Complement .... -
Post Code .... -
Approximate Age Years Old .... -
Injuries Sustained .... SLIGHT INJURY
Injured person in which vehicle? SLE719S
Were seat belts worn? .... Yes
Was this injured conveyed to hospital by ambulance? .... No

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
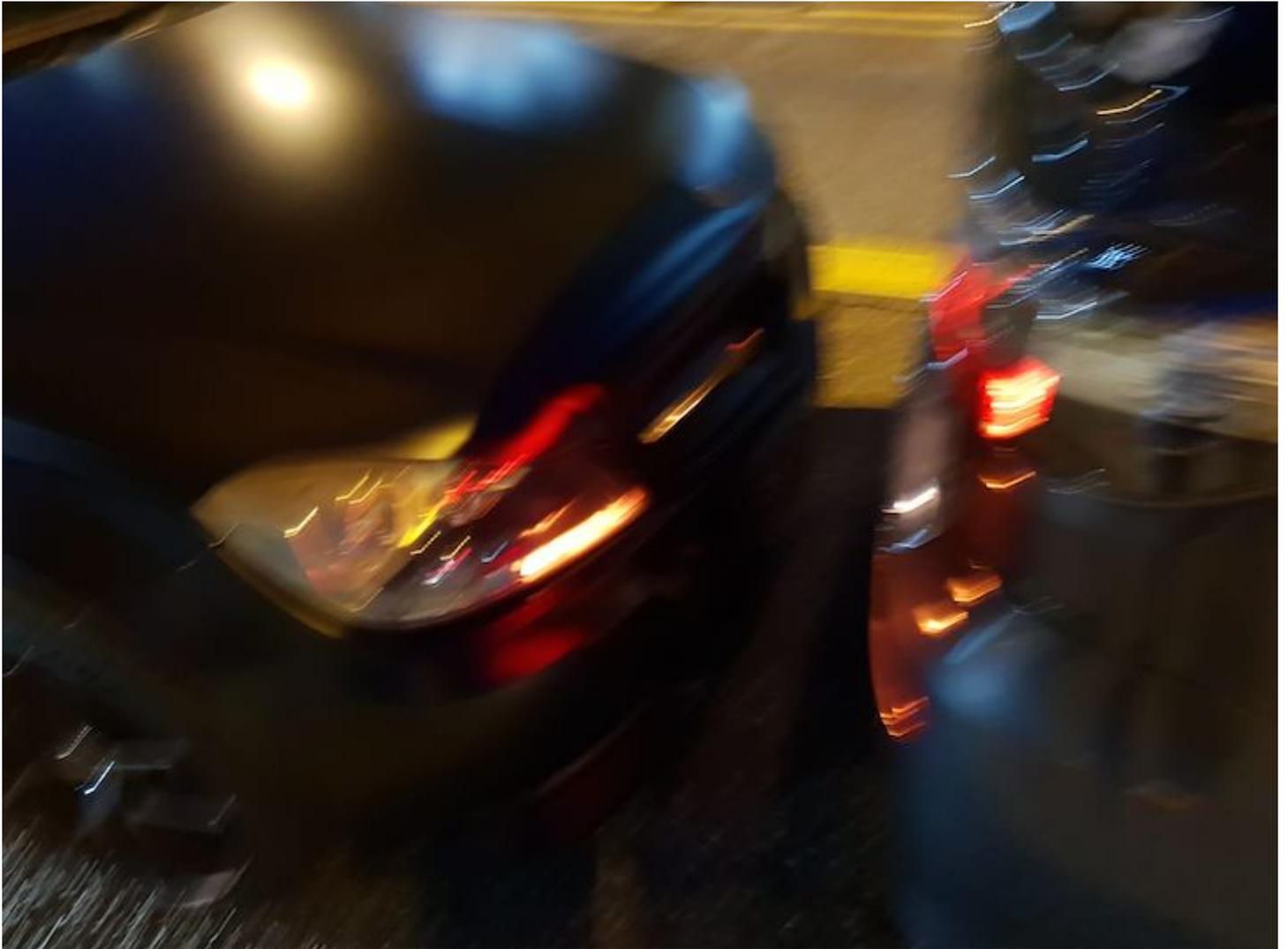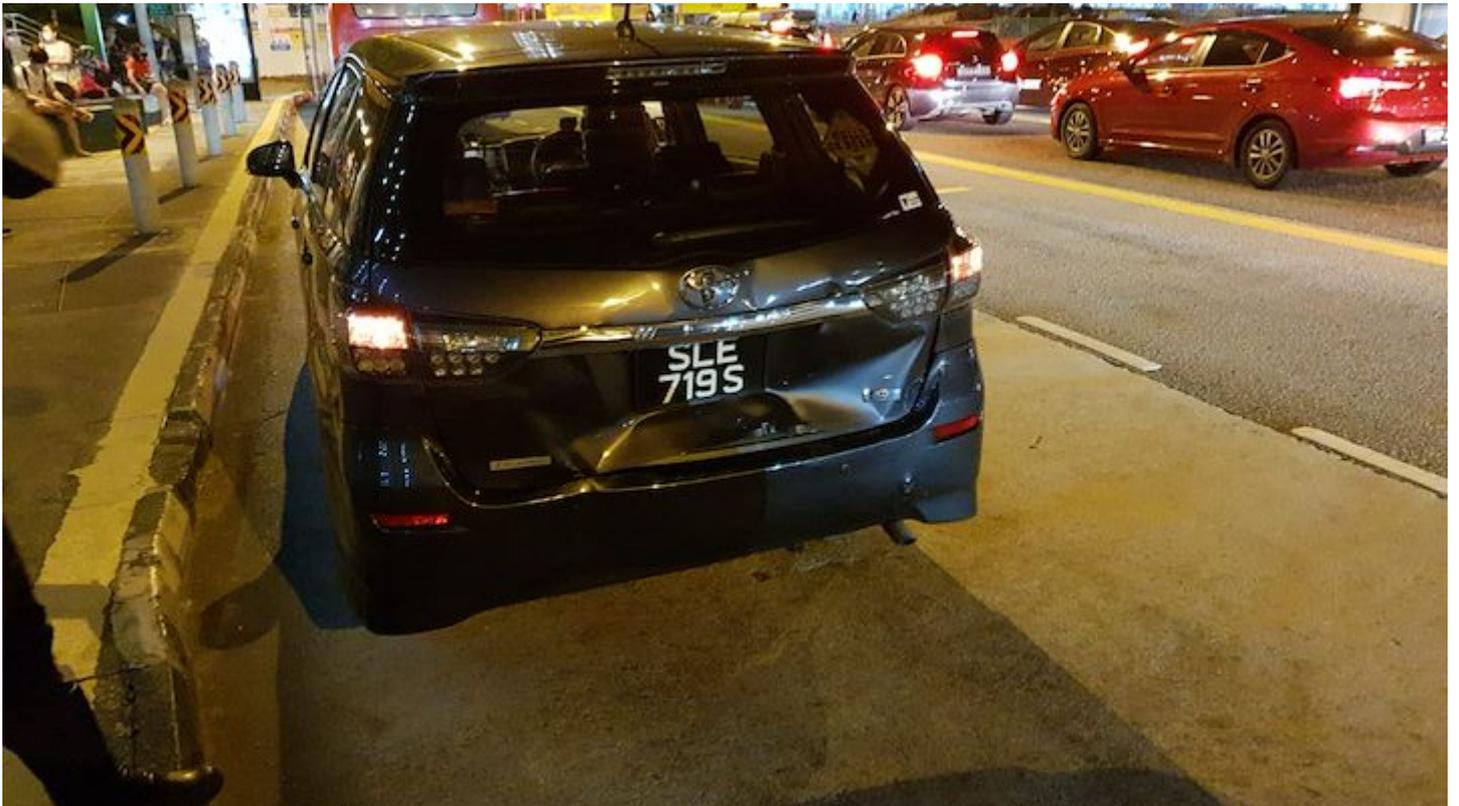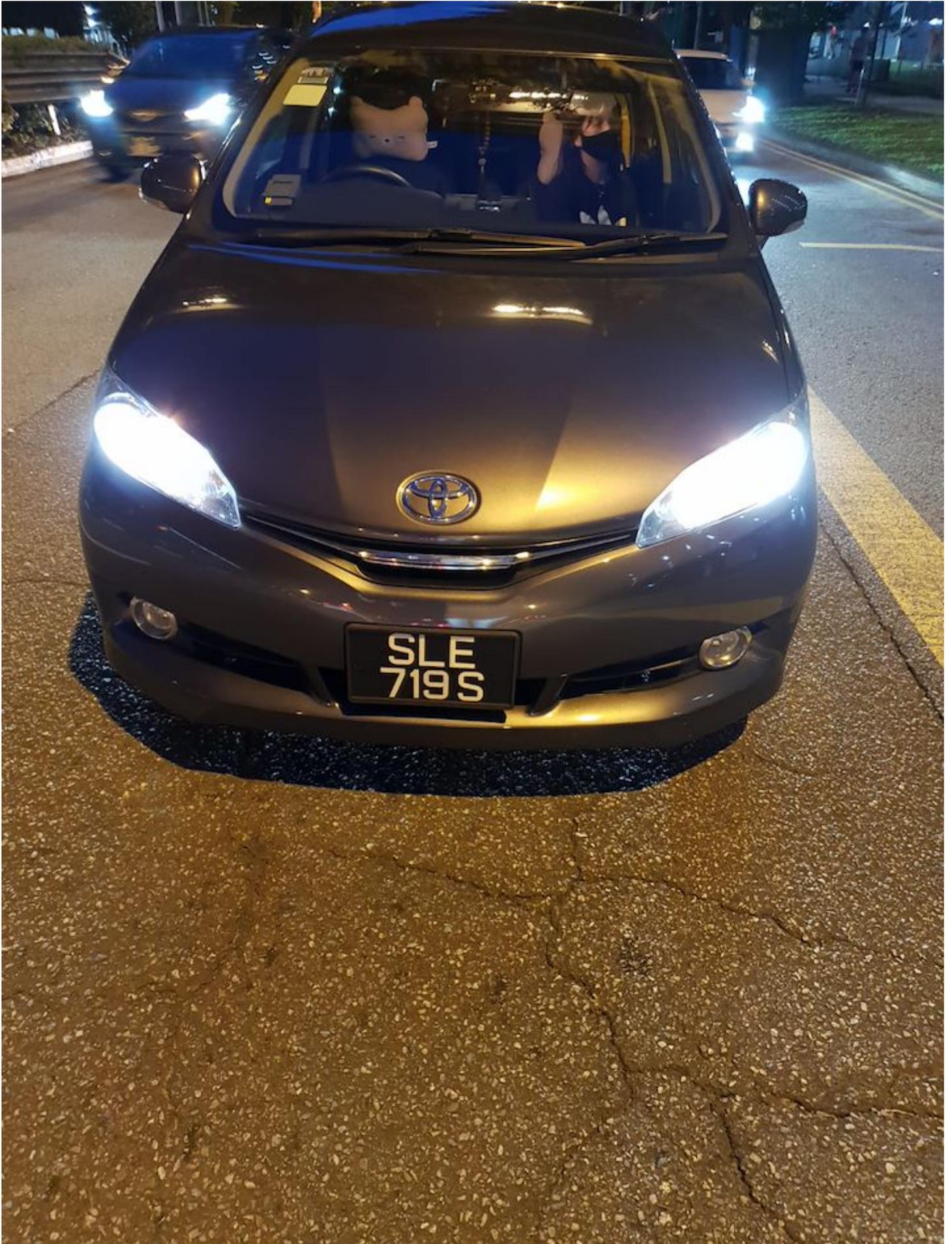
Sketch Plan

Describe Circumstances of the Accident

ON 29/01/2021 AT ABOUT 19:30 Hes I WAS STOPPING AT
THE TRAFFIC JUNCTION AT ONGTHO KIO AVM 3 SUDDENLY I
FELT A BANG. I CAME OUT FROM MY CAR & SAW A CAR
SFP 6623H BANG ONTO THE RHOR OF MY CAR. TOTAL
3 CAR CHAIN COLLISION LAST CAR SMQ 5646X

Declaration

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

30/1/2021

Policyholder's Signature / Date &
Time

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

20/01/2021

Witnessed by Reporting Centre
Personnel

Accident report **SN09211U0005**

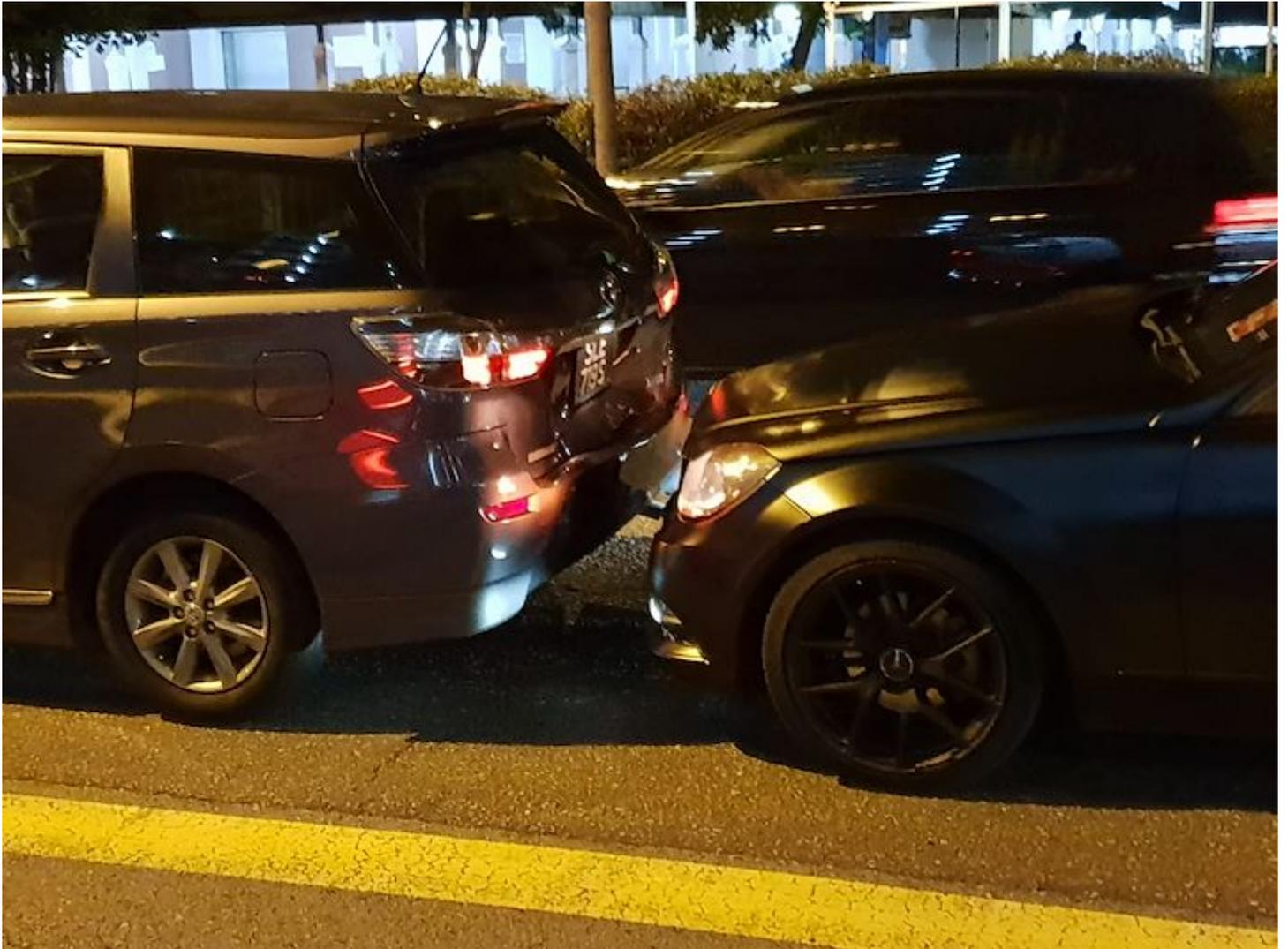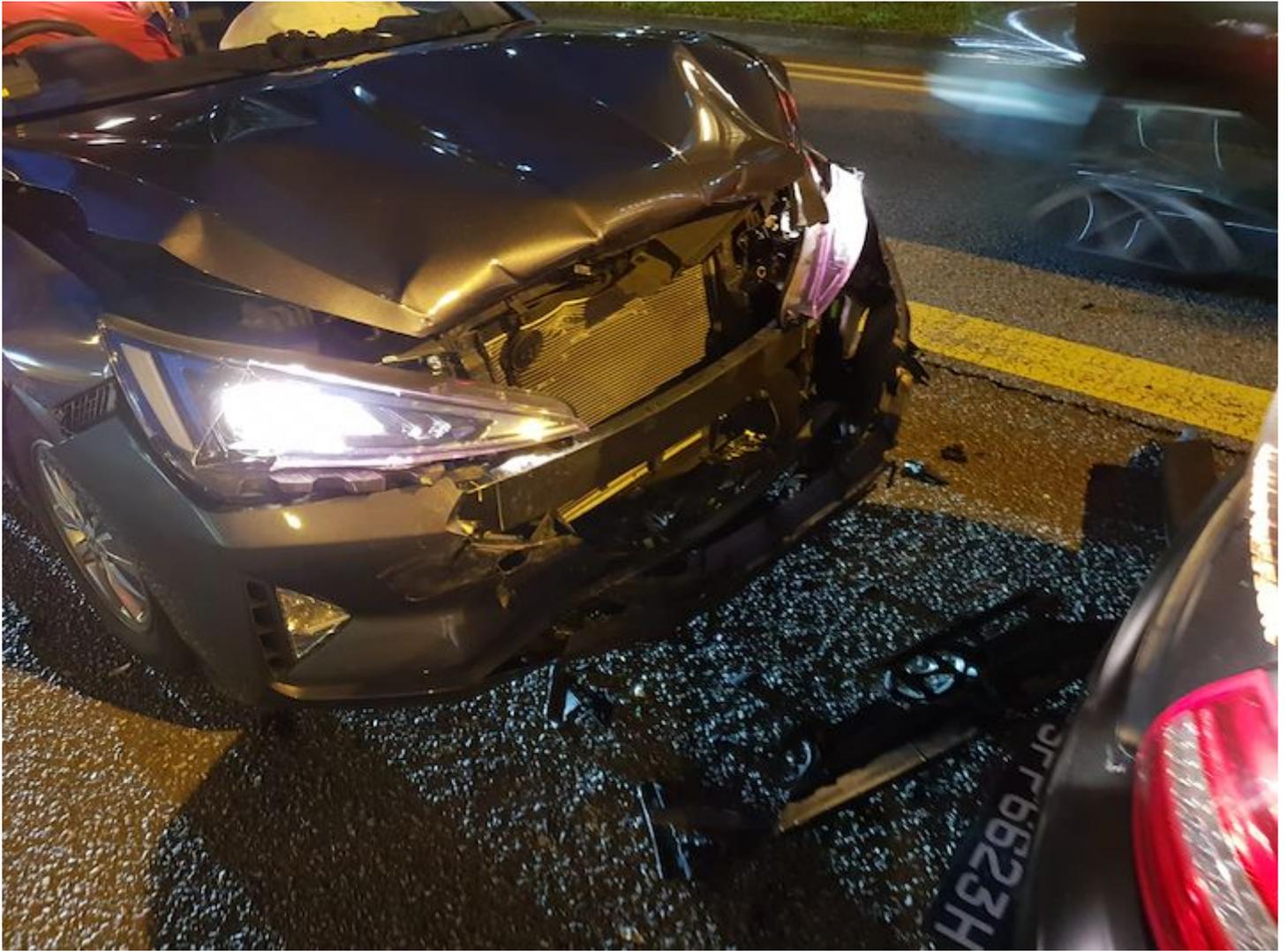**GENERAL INSURANCE ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010   Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09211U0005   Vehicle Registration No: SCK 7195

Name (as shown in NRIC): FRONCIS CHYA POH HUA   NRIC/FIN/Passport No : SXXXX539H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore(   )

Contact (Tel) : _____ Mobile No. : 97436891

Email Address : _____

Date of Accident : 29/01/2021   Time of Accident : 19:30

Place of Accident : Ang Mo Kio AH 3

Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload 7th camera footage from

_____

_____

_____

_____

_____

_____

_____

01/02/2021
Reporting Centre Personnel's Signature
Name:

Policyholder / Driver's Signature
Date: