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.

 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 08/02/2021 15:10 (SGT) Date of Accident 06/02/2021 17:50 (SGT) Exact Location of Accident 13 Fernvale Ln, Singapore 797496 Additional Location Information THE E TOPIAARY CONDOMINIUM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

+65-96365198

Vehicle Registration Number SGV4161T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HYA TINGWEI** NRIC No. SXXXX200F Email Address hyatingwei@gmail.com Mobile Phone No (Phone) +65-96365198 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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 - Reporting only

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00063452004 Cover Note Number

DRIVER

Name of Driver **HYA TINGWEI** NRIC No SXXXX200F Date Of Birth 13/07/1985 Occupation Indoor

Date Of Driving Pass 12/10/2009 Driving experience 11 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96365198 Alt. Phone Number +65-96365198 Email Address hyatingwei@gmail.com Address 13 FERNVALE LANE #11-07 Address complement Postcode 797496 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 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 PASSENGER 1 Name WIFF Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο 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 SGP6928S

Vehicle Registration NumberSGP6928SVehicle ManufacturerHondaVehicle ModelStreamVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate hireName of Driver-Contact Number-

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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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 nee be made available upon application by interested parties.
- 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 new 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.

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

Sketch Plan

14k Topidry Condominum Charles A Time

Sketch Plan

B

SCAP 69285

A) SGV 4(6) T

B7 SGP 6928S

Describe Circumstances o	f the Accident	
. 1 -	at 5:50pm, I was driving out	along the good
noide the Toplay Exe	cutive Condominium to the exit. The a	
11 / -2.12 1	wide reverse. In order not to get he	TO POOL
The car SGP 6928;	resed gradually and hit onto the cour	11.1
4 1 1	THE STATE OF THE S	
	ight scratches and paint come out	We stopped and agreed on
7 401 1 6		her vention. Later when
· 000	touls, she do rehised and drove off.	Pica With
I am reforting to	oldac to avoid that she will don	ble clain.
	W 2 (15)	
claration		
declare the foregoing particular	s are true in every respect.	
		/
mals 8/2/221	2 /2	1
gords 8/2/2021	gons	/ 1 1
	1	m 08/02/2021
cupoldada Cinastera La	Driver's Signature (If driver is not the policyholder) / Date	W 1017/107/
cyholder's Signature / Date &	& Time	Witnessed by Reporting Centre
e	& Time	Witnessed by Reporting Centre Personnel

















