SEOQ212Q0001 / Eurokars Habitat Pte Ltd [609042] ENTRY DATE & TIME: 26/02/2021 16:19 (SGT) SUBMITTED BY: EUROKARS HABITAT PTE LTD - TANJONG PENJURU VERSION: 1 (26/02/2021 16:19 (SGT))

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 26/02/2021 16:19 (SGT) Date of Accident 23/02/2021 18:30 (SGT) Exact Location of Accident 1 Queensway, Singapore 149053 Additional Location Information **QUEENSWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR5421L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YAP SUI LING NRIC No. SXXXX494E Email Address yap sl31@yahoo.com Mobile Phone No (Phone) +65-97991326 Alternative Phone No +65-97991326

VEHICLE PARTICULARS

Manufacturer Mini Model Cooper 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

No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver YAP SUI LING NRIC No SXXXX494E Date Of Birth 31/05/1985 Occupation Indoor

Date Of Driving Pass 11/04/2012 Driving experience 8 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-97991326 Alt. Phone Number +65-97991326 Email Address yap sl31@yahoo.com Address 145 PASIR RIS GROVE #09-64 D' NEST Address complement Postcode 518137 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 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 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKX9490C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

TAY JIN HUI FRANCIS

(Phone) +65-86933949

CAccident report SE0Q212Q0001

Name 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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name 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

1 30

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 fee be made available upon application by
 interested parties.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time; 24 2 1

Ham

Driver's Signature

(If driver is not the policyholder)

Date & Time:

GARBAC Stetch Plantown 39

/We declare the foregoing particulars are true in every respect. CE Olicyholder's Signature Driver's Signature Reporting Gentra Rivsonnel's Statutire				
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ACCIDENT TIME: 6-3 OPM EMAIL: Yap-sl32 Cyahoo. Con LOCATION: Queensway At 6-3 OPM on 33 1/21, 1 was waiting for green light at traffic light, my car was stationary. Another car stopped his (as behind my car. Suddenly, then was a loud bary from behind. Rear of my car collided with the car behind my. Then were another 3 cars behind my cars. If vehicles ever involved in the accident. NOTE PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWNLOAMAGE CLAMS UNDER YOUR OWN FOR PLEASE CHECK YOUR POLICY FOR MORE INFORMATION PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY () PREPORTING ONLY DECLARATION We declare the foregoing particulars are true in every respect. Collybolder's Signature Driver's Signature Driver's Signature Reporting Gently Statemers Mediation	ACCIDENT DATE: 23 2	>1	CONTACT	NUMBER: 97991326
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