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 11/03/2021 17:45 (SGT) Date of Accident 11/03/2021 06:45 (SGT) Exact Location of Accident Upper Changi Rd, Singapore Additional Location Information JUNC OF XILIN AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1585B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner STEVEN CHENG HING LEONG NRIC No. SXXXX075F Email Address DORLYN.CHENG@GMAIL.COM Mobile Phone No (Phone) +65-96727570 Alternative Phone No +65-96727570

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra 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 EQ Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ20-000513 Cover Note Number

DRIVER

Name of Driver HENG LIANG SWEE DOREEN NRIC No SXXXX010E Date Of Birth 24/05/1958 Occupation Indoor



Date Of Driving Pass 21/08/1978 Driving experience 42 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96709917 Alt. Phone Number Email Address DORLYN.CHENG@GMAIL.COM Address BLK 560 HOUGANG ST 51 Address complement #12-408 Postcode 530560 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 **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 PLS REFER TO THE ATTACHED STATEMENT. 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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	UNKNOWN Commercial vehicle
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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- 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
- (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
- (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 & Time

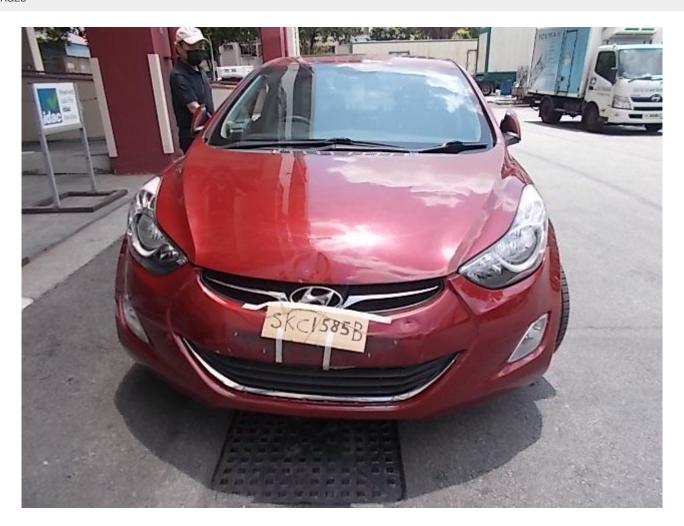
Sketch Plan

Upp Camua, RD June Of XICM AVE

A STORY OF THE PERSONNEL

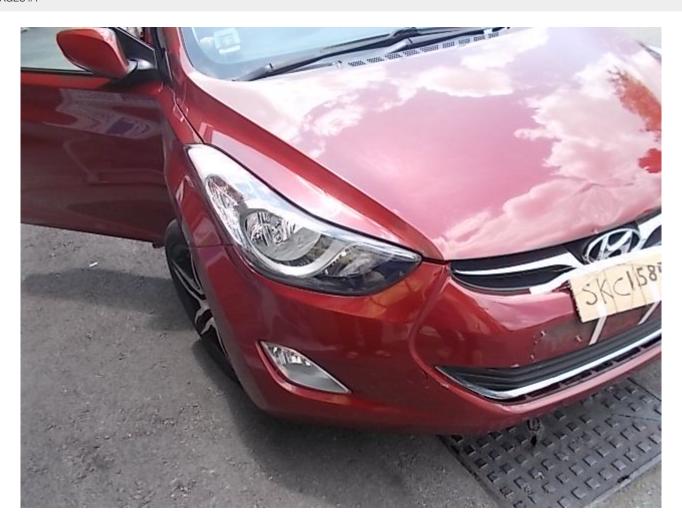
B UTVKNOWN

icyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / D. & Time	Witnessed by Reporting Centre Personnel
July Signature States	11/3	Hym 11/03/2
v are relegioning particu	A second of the speed	
e declare the foregoing particu	lars are true in every respect	
eclaration		<u> </u>
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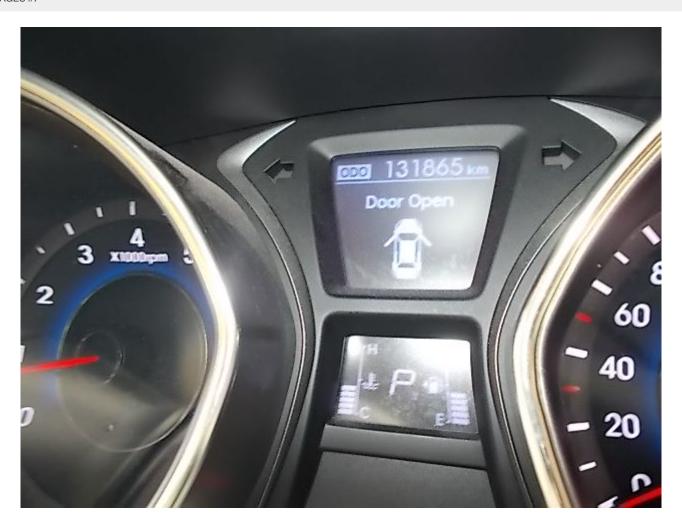












CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Heng Liang Swee Doreen,

NRIC S1318010E, has reported to the Police a non-injury traffic accident which occurred along junction of Xilin Rioad and Upper Changi Road on 11/03/2021 at 07.00 am involving the following vehicles:

SKC1585B and an unknown pick-up.

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Sritharchana

Date: 11/03/2021

Time: 10.30am

S/D Ref: ___33____

Police Post/Unit: Hougang NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002