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 26/04/2021 11:06 (SGT) Date of Accident 23/04/2021 15:24 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information (LANE 4) TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SMF4703T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner OH CHIN KIONG (HU ZHENQIANG) NRIC No. SXXXX581H Email Address ohck@yahoo.com Mobile Phone No (Phone) +65-97537756 Alternative Phone No +65-97537756

VEHICLE PARTICULARS

Manufacturer

Model Elantra Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCNSW00163812000 Cover Note Number

DRIVER

Name of Driver OH CHIN KIONG (HU ZHENQIANG) NRIC No. SXXXX581H

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement	01/04/1975 Indoor 16/04/1994 27 YEARS Male (Phone) +65-97537756 +65-97537756 ohck@yahoo.com BLK 20 QUEEN'S CLOSE #09-125
Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	140020 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	-
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKA7311X Hyundai Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	_
nsurance 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)

Lunderstand, 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.

pm 26/4/2021 1055 hrs

Policyholder's Signature / Date &

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

Personnel

vehicle (front) Winessed by Reporting Centre

Sketch Plan

A) SMF47037 B) SKA 7311X

Date: 23 Apr 2021 (Fri)

Time - 1524 hrs

889 4 DAG

side road toward Braddell Road

Expressiony (+

my (to City)

Describe Circumstances of the Accident 23 April 1524 hours. I was driving to exit via Braddell (Exit 10 one second appeared stop in right wheel We drove to the road shoulder for discussion. Puring telling us appeared exchange Reason dat oils the next need SKATBIIX kept pointing experienced years 04 lead me to seek for private Stress and pressure from EMAS personnel and the driver opportunity to new video playback before discussion closer look at the photo taken first contact with the victicle misging idea that under private settlement agreement, we negotiated pursue each other for claim damage on my car video). or anything was given to me after payment other's particulars (driving licence, MRIC agreement with our signatures with the advice from my experienced driver friends, it is bother to report to Idac with all the supporting video, photos as evidence to protect my interest and car insurer's interest in case of the driver dishonoured his private Declaration settlement agreement with me and sought claim damage against me. We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date &

& Time

Witnessed by Reporting Centre

Personnel









IMAGES #3























