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 03/05/2021 11:31 (SGT) Date of Accident 30/04/2021 17:00 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TUNNEL BEFORE JALAN BAHAGIA TOWARDS SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SI G8877F

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALMA CONTRACT (SINGAPORE) PTE LTD Company Reg No Email Address ALAN@MONDECASA.COM.SG Mobile Phone No (Phone) +65-62993340 Alternative Phone No +65-62993340

VEHICLE PARTICULARS

Manufacturer

Model Elantra Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00117842000 Cover Note Number

DRIVER

Name of Driver FONG CHANG YIP (FENG ZHENYE) NRIC No. SXXXX617D

Date Of Birth 28/07/1987 Occupation Outdoor Date Of Driving Pass 21/09/2016 Driving experience 4 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90297314 Alt. Phone Number Email Address ALAN@MONDECASA.COM.SG Address BLK 166 HOUGANG AVENUE 1 #02-1590 Address complement Postcode 530166 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? 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? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT 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 SMH2772X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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)	_

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Declaration

We declare the foregoing particulars are true in every respect,

Contract (p)

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 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
- (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.

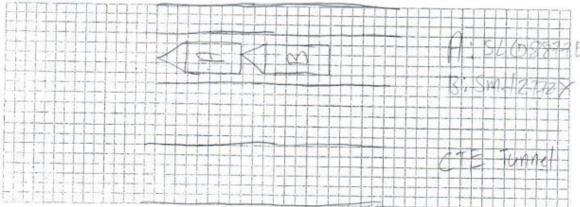
Policyholder's Signature / D

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan







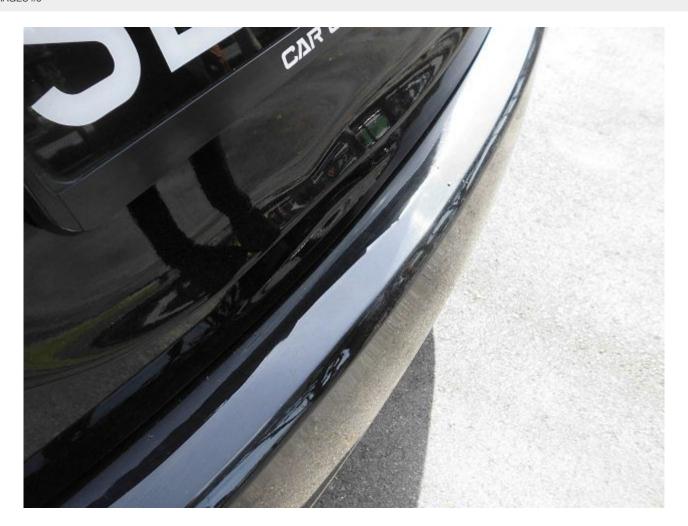


















CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

			Chang Yip, Hp: 90297314 ,							
NRIC/	FIN <u>\$8722617D</u>	_, has repo	orted to the Police a non-injury traffic accident							
which	occurred atCTI	E towards SI	LE Tunnel, near to Kampong Java Flyover							
			*							
on3	0/04/2021 a	t 5.00	am/pm involving the following vehicles:							
Hyund	ai Elantra, Black in	color Regis	stration Plate: SLG8877E, Honda, Black in Colo							
Registi	ation Flate, Siviriz	172A, Toyot	ota, White in Color Registration Plate: GBL511E							
The ve	hicles involve in a	hain accide	ent at the said location.							
2	If this accident	was reporte	ed to the Police within 24 hours of its occurrence							
	Then he/she ha	Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276								
	1									
	Rank/Name of	Issuing Offi	icer: SSgt Muhd Ashiek							
	Date: 30/04/20	<u>21</u> T	Time: 1835hrs							
	S/D Ref: 13		th							
	1		I will represent the real							
	Police Post/Uni	Police Post/Unit: Paya Lebar NPP								
		Original – to be issued to informant Duplicate – to be submitted to Traffic Police								
	Suprience - 10 the sur	mico to traile	in a vision							
		CO	ONFIDENTIAL							
			THE THE							
	Version as of 15 Jan	2002								