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 13:52 (SGT) Date of Accident 23/04/2021 19:17 (SGT) Exact Location of Accident Tanjong Katong Rd, Singapore Additional Location Information TURNING TO SIMS AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF77227

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **ENSENDA** Company Reg No 5XXXX416C Email Address ARTHURTANCT@HOTMAIL.COM Mobile Phone No (Phone) +65-90281144

Alternative Phone No +65-90281144

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

No - Claiming third party Commercial vehicle

Manual 2500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive Fleet Policy

Policy Number DMCVSNA00044862001

Cover Note Number

DRIVER

Name of Driver GALLEN POH CHUN WEE (FU JUNWEI) NRIC No. SXXXX671J

Accident report SN09214Q0005

Date Of Birth 11/08/1977 Occupation Indoor Date Of Driving Pass 07/12/1996 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98525723 Alt. Phone Number Email Address GALLENPOH@YAHOO.COM Address BLK 33 BEDOK SOUTH AVE 2 #07-335 SINGAPORE Address complement Postcode 460033 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Friend 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 - Change/cross lane 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 PASSENGER 1 Name Gender Male 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 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 SHA1600L Vehicle Manufacturer

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	TAN KEAN AN
NRIC No	SXXXX315D
Contact Number	(Phone) +65-91821565
Address	-
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
- 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.

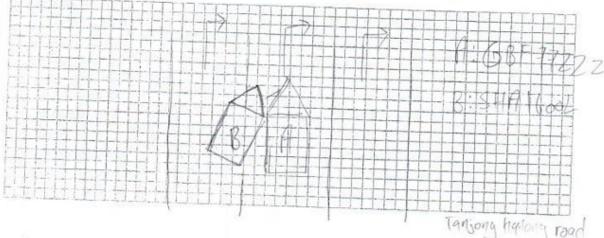


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature | San & Social Street | Driver's Signature (If driver is not the policyholder) / Date
Time | 4.5028 | A Forest | San & Time | A Social Street | A Soci

Witnessed by Reporting Centre Personnel

