30004 / National Assessment Centre Services [159721] DATE & TIME: 03/05/2021 12:58 (SGT) ION: 1 (03/05/2021 12:58 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 Date of Accident **Exact Location of Accident Additional Location Information** Country/State of Loss

03/05/2021 12:58 (SGT) 30/04/2021 18:30 (SGT) McCallum St, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKJ23B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LOW SEE CHING (LIU SHIJIN)

SXXXX530B

elseec@gmail.com

(Phone) +65-93832733

+65-93832733

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Aston Martin

DB11

Private use

No - Claiming third party

Private car

Auto

5204

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

United Overseas Insurance Ltd

Comprehensive

No

DHOM120036701801

DRIVER

Name of Driver

NRIC No

LOW SEE CHING (LIU SHIJIN) SXXXX530B

Accident report SN0821530004

ation of Driving Pass ng experience nder

obile Number Alt. Phone Number **Fmail Address** Address

Address complement

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident **Weather Conditions** Road Surface

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? **Police Station Name** Police Station Phone No Alt. Police Station Phone No. **Police Station Address**

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO NOTICE OF REPORTING

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

17/02/1975 Indoor 07/11/1995

25 YEARS AND 5 MONTHS

Male

(Phone) +65-93832733 +65-93832733 elseec@gmail.com 23A MARIGOLD DRIVE

576431

Yes

No

Collision - Major/Minor Rd

Clear Dry

No

2 No

Yes

No

Yes

Bukit Timah Neighbourhood Police Centre

(Phone) +65-18004629999 (Fax) +65-64628933

1 Duke Road Singapore 268914

No

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category XD6848B

Commercial vehicle

Accident report SN0821530004

Driver
port No/FIN
pact Number
dress
ddress complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

RAJAN A/L RAMAU GXXXX628R (Phone) +65-85049904

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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)

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
- (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 5/3/2121

Sketch Plan

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

& Time 5/3/2.21 Witnessed by Reporting Centre Personnel

81 KD 6848B

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CONFIDENTIAL

Annex E

NOTICE OF REPORTING

	o confirm tha	it	L	ow See Chi	ng (Liu Shijin)	, NRIC/FIN
\$7500	6530B , h	as reported to	the Police	non-injury	traffic accident which	sement began a filter of the delite.
оссинес	d at	The state of the s		McC	allum Street	
on	30/04/2021	at	1830hrs	involving	the following vehicles	3:
V1)	S	KJ23B	(Infon	mant)		
V2)	The state of the s					
Facts:						
bearing both wehice away	on along McCong registration of our vehicle bue to the look photo. Nobody w	Callum Street value of plate XD684 cs started to me collission, me coff the damage as injured and	vaiting for to 8B on my ri- nove on ho my vehicle to ges and exch no conveya	he traffic lig ight was stat we'ver the d had sustaine anged partic nee made. I	ne out from a backlane ht to turn green. During ionary too. When the triver V2 had collided of discribing damages white ulars with the other param lodging this for recontain 24 hours of its occ 76.	which, another venter raffic light turned greer on my right side of m ich needed to be towe ty.
Rank/Name of Issuing Offic		r .				
	Date:3	0/04/2021	_ Time:	2151	hrs	
	S/D Ref:	56				
	Police Post/U	nit: Bu	kit Timah N	PC / Tanglin	Police Division	And the second s
	Police Post U	The state of the s				
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