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 15/07/2021 12:10 (SGT) Date of Accident 14/07/2021 17:33 (SGT) Exact Location of Accident Jln Ismail, Singapore Additional Location Information JUNC OF LORONG SALLEH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ6904U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NEW VISTA ENGINEERING PTE LTD Company Reg No 2XXXXX059D Email Address info.nvista@gmail.com Mobile Phone No (Phone) +65-62526675 Alternative Phone No +65-90299829

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 - Claiming third party 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 DMPCSNW00087432100 Cover Note Number

DRIVER

Name of Driver NG CHYE HEE(HUANG CAIXI) NRIC No. SXXXX672E

Date Of Birth 29/06/1972 Occupation Indoor Date Of Driving Pass 03/05/1996 Driving experience 25 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90299829 Alt. Phone Number Email Address charlie88.nve@gmail.com Address **8 LORONG SALLEH** Address complement Postcode 416758 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Side Swipe 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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? Nο 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 Reasons for not uploading a video of the accident WITH WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** T

Vehicle Registration Number	SGM30901
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_

Address complement			 -
Postcode			_
Insurance Company Name			 _
Nature Of Damage			 _
Details of property damaged	d in accident	 	 _
No. Of Passenger (Including	Driver)		_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	NG CHYE HEE(HUANG CAIXI)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJQ6904U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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, acknow ledge, 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.

OSOSSESSION NO.

N

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

Lor Saltin

I authorized Idac (paya ubi) email the GIA report to admin enhimator-your

A: STR 6904U B: SGM 3090T

DESCRIBE CIRCUMSTANCES (was driving straight along Jln	Ismail and saw veh "b" parked stationary at the left roadside.
After checking the main road tr	raffic was cleared I proceeded to turn left into Lor Salleh.
Suddenly, I felt a loud bang so position and collided into the re and caused damage.	ound from my left side. Veh "b" moved from the stationary ear left side portion of my vehicle and pulled off my rear bumper
nitially, veh "b" wish to compe repair costs, therefore we deci	ensate me however we cannot come into agreement with the ide to proceed with insurance claims

DECLARATION

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

Policyholder's Signature

Date & Time:

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

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature





















