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.

- 4. The issue and acceptance of this is form by instrained 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 18/08/2021 15:36 (SGT) Date of Accident 17/08/2021 19:11 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE BEFORE EUNOS EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL3305P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WEE'S COLLECTION Company Reg No 53218661C **Email Address** WEESCOLLECTION@GMAIL.COM Mobile Phone No (Phone) +65-91737915 Alternative Phone No (Office) +65-62437953

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 - Reporting only Vehicle Category Goods vehicle Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00056832100 Cover Note Number

DRIVER

Name of Driver DAVID WEE SOON JIN NRIC No. S8310755C

Date Of Birth 06/04/1983 Occupation Outdoor Date Of Driving Pass 06/08/2012 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-91737915 Alt. Phone Number Email Address WEESCOLLECTION@GMAIL.COM Address 512 CHANGI ROAD Address complement Postcode 419913 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** 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 - Head to Rear Weather Conditions Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name NICOLE WEE Gender Female 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 AS PER SKETCH PLAN ATTACHED. 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 SMN9159P

Toyota

White

Private hire

Accident report SC0W218I0001

Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category

Name of Driver	ABDULLAH JUNAIDI BIN ABDUL RAHMAN
NRIC No	S7045280D
Contact Number	(Phone) +65-87527862
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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' lawyers/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")

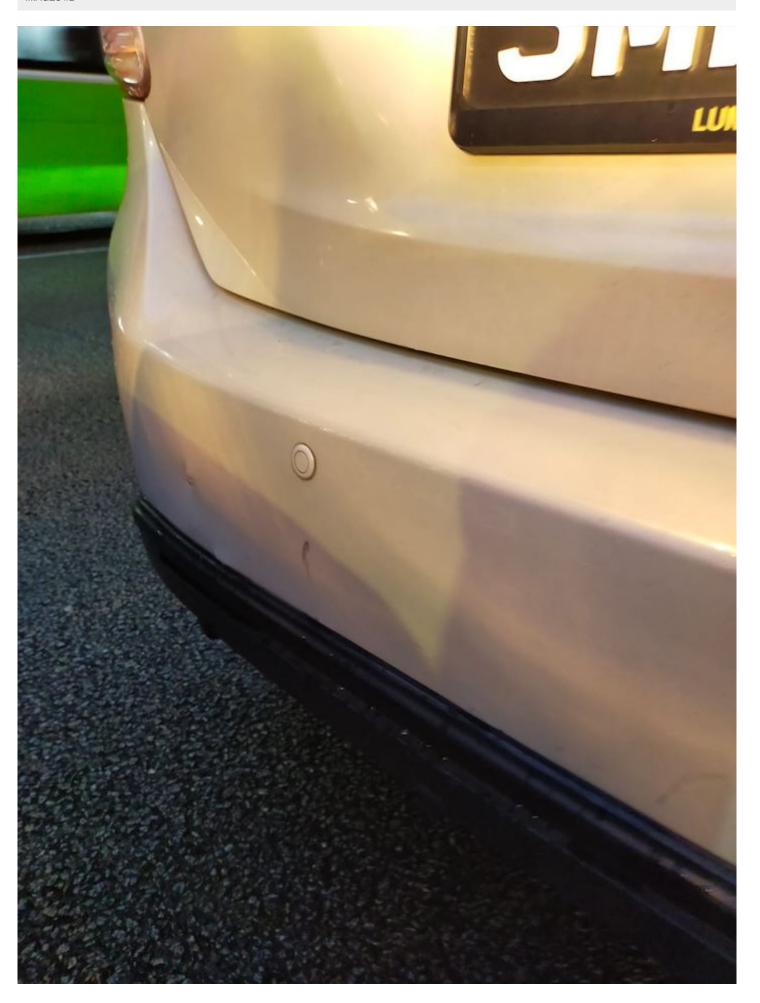
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

		200
WEE'S COLLECTION		
512 Ct	× //// 18/8/21	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	50 94	
LANEY	LANG3 LANGZ LANGI	A = GBL3305P B = SMN 9/59P

Describe Circumstances of	the Accident			
DATE: 17 AUG 20.	21			
TIME: 1911				
1 1/10 00/ 10/0	110 1			
I WAS DRIVING	ALONG TH	E PIE	TOWARDS	SUNDS EXIT. BREAK SUNDIST PCGR CLES.
MY VEHICLE BU	T MY VAN	SILIDDED	AND HIT	SMN9159 PCCAR
THERE ARE NO	INJUEIES	FOR B	079 VEH 10	LES.
	o chica i i i i i i i i i i i i i i i i i i			
		1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		100		
12/1000 - 10-34 - 12	-5.6 E			
		1000		
· · · · · · · · · · · · · · · · · · ·				
-10049				
		- 10 - 1000		
				100 at 200 at
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3241		A 100 - A 100	
			7.33	
Declaration	- Anne we will the			
DeVision in Section Institute and	H			and the second second
We declare the foregoing particula	rs are true in every re	spect.		CERTAL I
512 (19913			
Email: weescollection@gmail.	com 🐉	WM/		
9 2 3			18/8/21	1210 33
	///		10/0/1	Same of 1
Policyholder's Signature / Date &	Driver's Signature (If driver is not the	policyholder) / Date	Witnessed by Reporting Centre
Time	& Time			Personnel

5-42 Pm























the state of the s	CERTIFICATE O	F INSURANCE Compression Aut Charter 189 red Compression Auto-180 180 (Nouveau led Rues 188 (Nouveau led Rues 188 (Nouveau	MZROSC N SN ANOSSTA Cay Type C
Second 8	\$M\$\\$N\\\00068855100	Engine No., HR18 Cha. No., LMCO18	
Children and Schooling	GBLISTEF	AUTOSAFE	
5 Part Right Lotte.	WEE'S COLLECTION		
 Effective basis of the Commencern coursance for the purposess of the P Commence or Engagners 	FT # 15050021 Republik (000000)		Excess Sect 1 . \$\$450.00 INDSCREEN . \$\$100.00
4. Does of Eutory of insurance	17.05 2022		1
Provided that the person enving is requiriters to crow the state of the	ther to solve? Policy holder's creat or with their permiss, is permitted in accordance with the Brends where or has been so permitted and is not in yellow and the permitted and is not in yellow and the permitted and the solve in the permitted and in the permit	ng or other taxes or	
The Policy does not cover (1) Use for the or the order	BASE TERRET STORY BOOK STORY BOOK ON A STORY OF A STORY		
FIRE PURCHASE CO. UNIT 1 Unitations fundament in and Serbon 35 of the Ro	ED OVERSEAS BANK LIVITED Operative by Section 8 of the Mater Veh ad Transport Act 1987 (Malaysia), ere no	diss (Th. rp.Rarly R.SAS and Compensator No be induced unser those headings.	r) Act (Chapter 189)
I/We hereby C provisions of the Motor Transport Act, 1987 (M	and the state of the control of the	nis Certificate relates is issued in ac Ripensation) Act (Chapter 189) and P	cordance with the last IV of the Road
Piease see reverse		For China Taron - more	MANCE (SINGAPORE) PTE. LTD.
Issued By there Hot Authorises Off		柏	DU \$
hina Taiping Insurance (Singapore) Pte. Ltd. (C I 3 Anson Road #16-00 Springleaf Tower Sing.		6259 6111 © 6222 1033	⊕www.ag.cntaiping.com