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 19/08/2021 13:48 (SGT) Date of Accident 18/08/2021 17:05 (SGT) Exact Location of Accident 20 Woodlands Ave 9, Shell, Singapore 738954 INFRONT OF SHELL PETROL KIOSK AFTER OVERHEAD Additional Location Information **BRIDGE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Suzuki

Vehicle Registration Number SJJ3457A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SOH YAO LING ANNIE NRIC No S8121165E Email Address bvfreddie@yahoo.com.sg Mobile Phone No (Phone) +65-93696172 Alternative Phone No +65-93696179

VEHICLE PARTICULARS

Model Apv 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1600

Manufacturer

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Nο Policy Number DMPCSNW00047512100 Cover Note Number

DRIVER

Name of Driver SOH CHENG KUNG NRIC No S0200917Z Date Of Birth 16/12/1950 Occupation Indoor Date Of Driving Pass 26/06/1969 Driving experience 52 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93696179 Alt. Phone Number Email Address bvfreddie@yahoo.com.sg Address 778 WOODLANDS DRIVE 60 #13-106 Address complement Postcode 730778 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SDY8617P Insurance Company of Other Vehicle Owned by Driver Sompo Insurance Singapore Pte. Ltd. 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? No 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007679999 Police Station Address 3 Woodlands Drive 63 Singapore 737890 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKL9307M Vehicle Manufacturer Hyundai Vehicle Model Santa fe Vehicle Variant Vehicle Colour Vehicle Category Private car

| Name of Driver | MOODLEY VIVENTHAREN VINAYAGAN |
|---|-------------------------------|
| Passport No/FIN | G5491510T |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |

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.
- Any false reporting may be referred to the Police for investigation.
- 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 lodgment 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, 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:
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

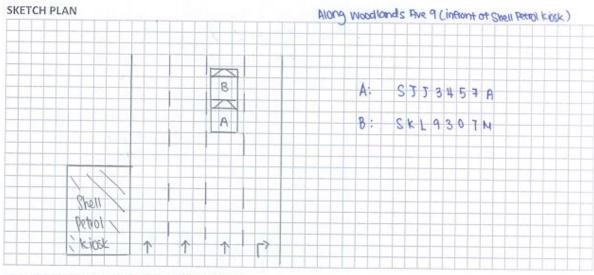
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person Name: NRIC/FIN No.;

SIARMC SketchPlanForm_V



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| OU 18/08/2051 d | + 17:05, I was driving along Woodlands Ave 9, infront of Shell Petrol Kiosk when |
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| ollided into vehic | IEB (SK19307M) infrant of me. |
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DECLARATION

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

Policyholder's Signature Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11-40am

Reporting Centre Personnel 6 Signatur Name: NRIC/FIN No.:





















