

IMPORTANT NOTICE

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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 Authorized 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
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 falsa reporting may be referred to the Police for invastigation.
6. This report will be forwarded by the insurance 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 03/09/2021 17:55 (SGT) Date of Accident Exact Location of Accident 02/09/2021 19:52 (SGT) Additional Location Information Singapore TAMPINES STREET 32 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1695Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SENG KOK CHENG (CHENG GUOQING) NRIC No S7103190Z **Email Address** WILSONPAYNOW@GMAIL.COM Mobile Phone No (Phone) +65-94550402 Alternative Phone No +65-94550402

VEHICLE PARTICULARS

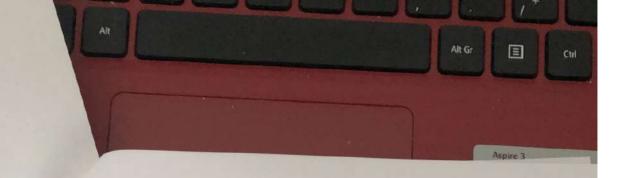
Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Fransmission Auto C 1797

INSURANCE COMPANY

ame of Insurance Company NTUC Income Insurance Co-operative Ltd ype of Coverage Comprehensive eet Policy No olicy Number 5118337040-01 over Note Number

RIVER

JIN NANNAN me of Driver IC No \$87809558



12/08/1987 Indoor Driving Pass 27/05/2014 g experience 7 YEARS AND 4 MONTHS Female able Number (Phone) +65-94241883 Alt. Phone Number Email Address JINNANNAN1987@ICLOUD.COM Address Address complement ... 61 TAMPINES CENTRAL 7 #10-21 Postcode Is the driver the policyholder? 528595 If No. Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Spouse 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
Collision - Head to Rear
Clear
Clear
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 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

TOO LARGE TO UPLOAD

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU8013X
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address

SKETCH FLAN

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- 1. Feare rejust corrective the details of the socialists speed up the hidro process.
- 2. This form must be completed by the Policyte bler and/or the Action's an Origen.
- S. Information provided must be as truthful that services or escalable. Any wind managementation or we mountaged natural lands was ellow haurance compenies to republishe spilor liability
- 4. The laster and appropriate of this Formby inscriptor companies is not an addression of policy liability on the part of the hauteness companier.
- 5. And this preporting may be referred to the Pulbe for Investigation.
- A The seport will be forwarded by the balance of the GIA Records Nanagarant Centre solithished by the General Estuarance Association
- of Singapore (GA) for activity and their outples of this report will for a few be made acceptable axis reported to be needed.
- 7. By the indigence of this report to the trainers, you have by content to the archiving of this record as the centre and to excellent if the raport being made averable stores ald.
- 3. Concent ender the Personal Cela Protection Act (FCPA)

I understand, approviding, agree and consent that !

- (a) by becarer, my workshop and the General insurance Arapotision of Shyupora (1944") maybe a permitted to collect, use all distributions entian process any personal detail occurs information set out in this form and any other personal information provided by not or becaused by my instruct (colectively the "Personal Information") and declars and transfer such Personal information to all insurence) In he have betted values at the time and account to resurred by the best never or best of all monks on the excitant at all be colorized referred to as the "los wrate", the heurers inwystedmy time, the history Authority of Seguines and my followent 90 remotent spanoy/culticity (auch as the police), for the purpose(s) of :
- (i) processing, handing and or dealing with my claims including the settlement of the states are any necessary investigations nelecting to me mems:
- (t) threstigadog the socident eactor by oleme;
- (A) certaining but ending deeling with my hadroclines at responding to any acquiries by her
- (b) administering my claims (anthosis; the training of correspondence, statements, invitors, records or notices to mu, which circle to this distributes of perfain personal data share many bring about debury of the same as well as on the enternal cover of envolves that packages); and or
- (v) complying with applicable law is astroicteing, processing, bending ander dening with my claims. (collectively the Purposes")
- (c) 21 Insurance) who have insured vehicle(s) Involved in this excitant and the Insurance swylere/less there, implies excitated to collect, use, He takes and for propess my Paissonal Information for one of more of the above Purpose's and

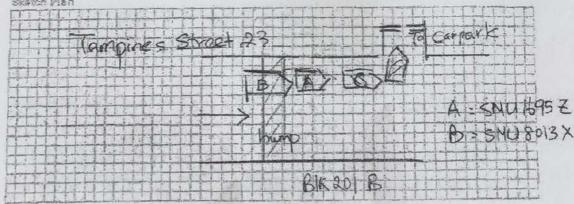
tel my Parsonal Information may be no accessed by any of the insurers and/or GSA to their third party services providers or species (embraing their leaf year/aw farms), is high may be afted outside of Stagapera, for one or more of the above Purposes.

Philosphelicer's Signature / Cale &

Driver's Signature (if driver's not the policybolder) I have & TETS

Witnessed by Payording Cerera

Skeich Flan



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Oriver's Signature (It driver is notifie policyholder) / Date & Time 1550 Villnessed by Reporting Centre Personnel

This declare the foregoing particulars are true in every respect.