SN0921BH0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/11/2021 15:26 (SGT) SUBMITTED BY: Thevan VERSION: 1 (17/11/2021 15:26 (SGT))

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 17/11/2021 15:26 (SGT) Date of Accident 12/11/2021 18:05 (SGT) Exact Location of Accident Admiralty Rd W, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Private car

No - Claiming third party

Vehicle Registration Number SGT4115M

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner CHEONG LIMOUSINE

Company Reg No

Email Address CHEERFULBOYBOY87@HOTMAIL.COM

Mobile Phone No (Phone) +65-81429839

Alternative Phone No +65-81429839

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios

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

Auto 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage ThirdParty

Fleet Policy

Policy Number DMHCSNA00002172100

Cover Note Number

DRIVER

Name of Driver TOH ZHIQIANG JASON NRIC No. SXXXX946F

Date Of Birth 19/06/1987 Occupation Outdoor Date Of Driving Pass 14/09/2016 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81429839 Alt. Phone Number Email Address CHEERFULBOYBOY87@HOTMAIL.COM Address 231 SERANGOON AVENUE 3 #02-44 Address complement Postcode 550231 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 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Ζ

Vehicle Registration Number Vehicle Manufacturer	FBK6891Z
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	_
Address complement	_

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

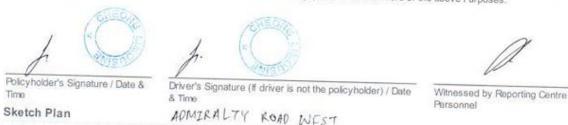
SKETCH PLAN

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- 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)

l 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' 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
- (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.



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declare the foregoing particul	ars are true in our					
wish to claim against						
wish to claim against your or be made within the stipulated	timeframe from the	advised that day of occur	your insurer ma mace, Kindly ch	y have a fourte	en (14) days clau	ise whereby the clain
1 /80-10	0	CHE	(C)	will your t	isurer for more d	etails.
1	1	11	Jan.			



