SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

 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.
 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 22/11/2021 12:11 (SGT) Date of Accident 21/11/2021 10:30 (SGT) xact Location of Accident Singapore dditional Location Information UPPER SERANGOON RD TOWARDS SERANGOON AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

Vehicle Registration Number **SKR4343J**

INSURED/POLICYHOLDER

Is company? No LIU HONGWEI Name Of Registered Owner NRIC No SXXXX982J

Email Address HONGWEI.LIU2@GMAIL.COM Mobile Phone No (Phone) +65-93601378

Alternative Phone No +65-93601378

VEHICLE PARTICULARS

anufacturer Toyota Model Corolla Variant ALTIS

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

Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number DMPPHQ21-001154

Cover Note Number

Name of Driver LIU HONGWEI NRIC No SXXXX982J

Date Of Birth 11/10/1966 Occupation Indoor Date Of Driving Pass 20/09/2005 Driving experience 16 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93601378 Alt. Phone Number +65-93601378 Email Address HONGWEI.LIU2@GMAIL.COM Address 11 SERANGOON AVE 2 #11-33 Address complement Postcode 556135 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 oad Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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 PASSENGER 1 Name LIU LI YEI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No as notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SLN1245M

Private car

Vehicle Manufacturer Mazda Vehicle Model 3 Vehicle Variant Vehicle Colour

Vehicle Category



Name of Driver	UDANYAN JOSHI
Contact Number	1 (10) Methorstoche dan Mesessación med
Address	· •
Address complement	100 M
Postcode	9
Insurance Company Name	99
Nature Of Damage	127
B	941
No. Of Passenger (Including Driver)	8 <u>2</u> 97

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will insrepresentation or withholding 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.
- 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.
- 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)

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' 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/mall 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 time, maylere 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.

Witnessed by Reporting Centre Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Time 22/11/21- 11:30 AME Time Personnel uppa serongoon Road Sketch Plan Sections of the section of the secti B- SLN 1245M M tro

OIN	the	21	111.	2021,	at	around	lo-	30 AM		1	was
dan	rg	vehic	le :	SKR 434	t3I	on up	per	sevens	oon	Loc	ıd,
tury	Ning	lef	7 7	o wards	5 6.	erangoan	Ave	2-	As		Emberto
						wait	-				
trof	tic	70	be	clear	ed,	vehic	æ	SLN	1245	M	(core ·
rear	ev	nded	me	. we	e	echanged	pa	rticula	113	for	
Myor	once	æf	ort	bachose	٠۶.	Nopog	<u> </u>	v=5	inje	red	4
									THE PROPERTY OF THE PROPERTY O	ledi un aprilat a la bala. Optici la bala	
000000000000000000000000000000000000000	***************************************	************					**********	****************	**************************************		
						onanthieristere (in the contraction of the contract	anderson 10			vone-entropy	sometic in .
						······································		WWW.GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG			
										- CAN ENGLISHED	7 340 Sept. 10 10 10 10 10 10 10 10 10 10 10 10 10
		-0.00					CALL CALLES ON THE CONTRACTOR OF THE CONTRACTOR		-	····	
									1242		***************************************
		*****************	MONO STATE COLLECTION					CONSCIONAL DESCRIPTION OF THE PROPERTY OF THE			
***************************************	printerior de la companya de la comp		Attendance Attendance							wasselessoo	***************************************
-											Transcour.
	-		INVESTMENT OF THE PARTY OF THE	*****************							
***************************************	***************************************		O THE REAL PROPERTY OF THE PERTY OF THE PERT	ministra constituent and						<u></u>	
						MANAGONACIO CO SUBSISSI					
claratio	on										
a de alace											
s deciere	trie to	edoud be	pcuars a	e true in ever	y respect.						(120)
_	_									Δ	
/ 1										M	U X
, Q	フ										
cyholder	7 's Signa	iture / Date	-8 D	river's Signati	ire (if drive	er is not the polic	yholder)	/ Date	Witness	ed by Ra	porting Centre
	· · · · · · · · · · · · · · · · · · ·	ature / Date 2021 M		river's Signati Time	ire (if drive	er is not the polic	yholder)		Witness Personn		porting Centre