SC1E21CL0003 / Cartimes Autolution Pte Ltd ENTRY DATE & TIME: 21/12/2021 17:49 (SGT) SUBMITTED BY: Pang Ren Guo VERSION: 1 (21/12/2021 17:49 (SGT))



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.
- 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.

- 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 21/12/2021 17:49 (SGT) Date of Accident 20/12/2021 17:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG KJE ENTERING BKE (SLE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT5884Z

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner CHEN GANGJIE NRIC No S9037382Z Email Address claims@cartimes.com.sg Mobile Phone No (Phone) +65-97559761 Alternative Phone No +65-97559761

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1199

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI21V05768/VPE/R00 Cover Note Number

DRIVER

Name of Driver CHEN GANGJIE

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver | 04/10/1990 Outdoor 21/10/2009 12 YEARS AND 2 MONTHS Male (Phone) +65-97559761 +65-97559761 claims@cartimes.com.sg APT BLK 436A FERNVALE ROAD #12-192 SINGAPORE791436 - 791436 Yes - No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Chain Collision Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No 5 No - Yes 1 |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? | No No - |
| CIRCUMSTANCES OF ACCIDENT | |
| REFER TO SKETCH PLAN. | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? | Yes No No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model | SLU7906M - - |

Private car

S9430015J

GOH BOON PING

Contact Number (Phone) +65-81829298

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

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

DETAILS OF OTHER VEHICLE PROPERTY 2

| SLU6581Y |
|----------------------|
| - |
| - |
| - |
| - |
| Private car |
| NG GUET BENG |
| S1489201Z |
| (Phone) +65-97964348 |
| - |
| - |
| - |
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| - |
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| |

DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant | SLN7307D - - - |
|--|-------------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | PEE YAP AIK |
| NRIC No | S1821990E |
| Contact Number | (Phone) +65-93855092 |
| Address | <u>-</u> |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | _ |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver) | |
| 110. Of 1 docongor (moldaling briver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 4

| Vehicle Registration Number | SBV35V |
|---|----------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TAY CHEE HOW |
| NRIC No | S7931715B |
| Contact Number | (Phone) +65-93361035 |
| 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)

I understand, acknowledge, agree and consent that

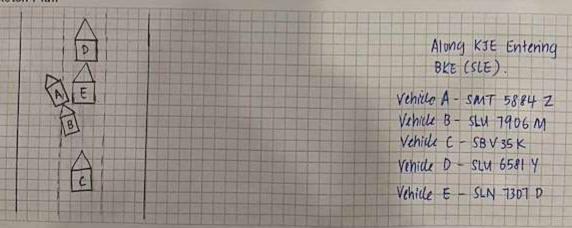
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the poscyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



| | on 20 December 2421 approximately 1750 hour. I was driving along KJE Entering |
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| 0 | KE (SLE). When vehicle c did not notice rehicle 8 horre slow down and hit vehicle |
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| - | · Vehicle B have moved forward hit my vehicle rear and vehicle E left side and |
| ٧ | thicle E have hit vehicle D rear. We all have changed particular. |
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyhokler) / Date & Time

Witnessed by Reporting Centre Personnel

