SS1I22280001 / SPECIALISTS MOTOR PTE LTD ENTRY DATE & TIME: 08/02/2022 14:49 (SGT) SUBMITTED BY: Irene Ting VERSION: 1 (08/02/2022 14:49 (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 5. Intrinsicular provided must be as truthing and accurate as possible. Any wind misrepresentation of witholding of material facts may allow insurance companies to reputing 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. 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 08/02/2022 14:49 (SGT) Date of Accident 07/02/2022 19:33 (SGT) **Exact Location of Accident** Sims Ave E, Singapore Additional Location Information SIMS AVENUE EAST Country/State of Loss Singapore

DE	TAILS OF OWN VEHICLE
Vehicle Registration Number	SMZ6108T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	LEE CHEE KIONG SXXXX632E francis@leepatseng.com (Phone) +65-96614553
VEHICLE PARTICULARS	
Manufacturer Model	Mercedes SIk200

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? Yes Vehicle Category Private car Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number GA576397/1 Cover Note Number

DRIVER

Name of Driver LIM SOR SAN NRIC No SXXXX066G



Date Of Birth

Occupation Indoor Date Of Driving Pass 10/07/1989

Driving experience 32 YEARS AND 7 MONTHS

15/09/1965

Gender Female

Mobile Number (Phone) +65-96614853

Alt. Phone Number

Email Address limsorsan@msn.com Address 41 JALAN BANGSAWAN

Address complement

Postcode 457815 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Chain Collision

Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was travelling along Sims Avenue East on the right most lane at about 7:33 pm on 7 February 2022. As it was dark and on an upward hill along a bend, all of a sudden lorry GBC7735C was protruding out on my lane. It was not possible to stop in time and the rear of the lorry collided with my car.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident TOO BIG Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC7735C

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle

Name of Driver LOH DE WEI



Contact Number	(Phone) +65-87192858
Address	<u>.</u>
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

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKM156K - -
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MADAM OOI
Contact Number	(Phone) +65-97575343
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

 Name
 PETER LOW

 Phone
 (Phone) +65-90622768

 Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report **correctly** the details of the accident to speed up the claims process.
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- 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)

I understand, acknow ledge, 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
- $(v) \ complying \ w \ ith \ applicable \ law \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time のよっシュ	Witnessed by Reporting Centre Personnel
Sketch Plan	- 12/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	
Sims A	e tast	A - Sm = 6108]
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	ICD AD	C - Skm 156 K
Shangi	681 683 reversing	

Describe Circumstances of the Accident
I was travelling along Sims Avenue East on the right most lane at about 7:33
— pm on 7 February 2022. As it was dark and on an upward hill along a bend, all
of a sudden lorry GBC7735C was protruding out on my lane. It was not
possible to stop in time and the rear of the lorry collided with my car.
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel