G|A SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.
5. <u>Any false reporting may be referred to the Police for investigation.</u>
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	28/02/2022 17:51 (SGT)
Date of Accident	27/02/2022 19:30 (SGT)
Exact Location of Accident	190 Punggol Central, Singapore 820190
Additional Location Information	B1 CARPARK LOT 75
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1380B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH CHEN KUAN
NRIC No	SXXXX830G
Email Address	dennis@theuniquedoor.com
Mobile Phone No	(Phone) +65-90074485
Alternative Phone No	+65-90074485

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00111362101
Cover Note Number	-

DRIVER

Name of Driver	GOH CHEN KUAN
NRIC No	SXXXX830G

Date Of Birth	17/01/1982
Occupation	Indoor
Date Of Driving Pass	30/01/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90074485
Alt. Phone Number	+65-90074485
Email Address	dennis@theuniquedoor.com
Address	BLK 190 PUNGGOL CENTRAL #02-297
Address complement	-
Postcode	820190
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road 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)	0
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

PLEASE 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	GBJ4717M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG GECK LEONG
NRIC No	SXXXX929I
Contact Number	(Phone) +65-83827534
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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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' lawyers/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' lawyers/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 lawyers/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 policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Pushed backward.

Ⓐ SMC1380B.
Ⓑ GBJ4717M

190 Punggol Girl
B1 CARPARK lot 75

B1 carpark entrance

Describe Circumstances of the Accident

On 27/02/2022 at about 0945hrs I park my vehicle at the said carpark.

when in the evening at about 1920hrs, I go and retrieve my vehicle, I found my vehicle was damage which collided by another vehicle. I saw a written slip on my windscreen with a person name and contact number.

I called and he says that he collided onto my vehicle and he come down to the scene, we exchange particular and he advise me to file insurance and claim from his insurance.

Declaration

I/We declare the foregoing particulars are true in every respect.

X _____
Policyholder's Signature / Date & Time

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

_____ 28/00/2022 _____
Witnessed by Reporting Centre Personnel

8:19 •   4G+ 📶 60% 🔋

← **Simon NG**   🎥   📞   ⋮

7:56 pm ✓✓

I am Mr ng, driver of gbj4717m.

I accidentally bang into your vehicle smc 1380b that was parked stationary inside a car park lot at carpark PGPL19, lot 75.

I am very sorry..I understand you will claim the insurance.

I will also sent you the photos.   7:58 pm

↪ Forwarded

7:59 pm   7:59 pm

7:59 pm   + 9

☺ Message   📎 📷 🎤