

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. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting 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 20/04/2022 13:56 (SGT) Date of Accident 19/04/2022 22:25 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF MACKENZIE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMZ9927B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SG CAR CHOICES 2 PTE LTD Company Reg No 2XXXXX987N Email Address RONALD@CARCHOICE.COM.SG Mobile Phone No (Phone) +65-90666603 Alternative Phone No +65-90666603

VEHICLE PARTICULARS

Model Camry Variant **HYBRID 2.5 ASCENT SPORT CVT** Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private hire Transmission Auto CC 2498

Manufacturer

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00007662100 Cover Note Number DMHCSNW00007662100

DRIVER

Name of Driver TAN YEW KIAT NRIC No SXXXX021C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode 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	08/08/1973 Outdoor 23/03/1995 27 YEARS AND 1 MONTH Male (Phone) +65-90666603 SOMETHING_URGENT@HOTMAIL.COM BLK 201B TAMPINES STREET 21 #04-1095 522201 No Hirer No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear DRIZZLING Wet
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 2 No - Yes 4 No
PASSENGER 1	
Name Gender PASSENGER 2	BHIEMAN Male
Name Gender	GRAB PASSENGER Female
Name Gender	GRAB PASSENGER 1 Female
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ575H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAREN PONG MEW WUN
Contact Number	(Phone) +65-97349907
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

besome direamstances of the Accident
On 19/84/2022 around 10.25pm, I was ferrying my GRAB riders and
was travelling along Mackensie Road towards Butil Timah Road on a
slightly directing night.
When approaching the function to enter Build Timon Road, the which
infront has grove toward to ever Burst Timoh Road but lay minute
decided not to bear the red light and done a e-bracing-
Unfortunately, utter seeing the volide had speed forward to enter
the main road, had turned my head to the right to check on
unioning traffic from the right, which a bus had reprod for
me and I had proceed to iclease my brace and moved forward.
and realized the vehicle in troot had actually stopped in the
yellow box. But it was all polate by then and my vehicle had
hit the rear of the volvele infront.

Declaration

IWe 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 Upw Yay

SKETCH PLAN

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- 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/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's not the policyholder) / Date

Personnel Wikn Yap

Sketch Plan

BUKIT TIMAH POAD.

A: SMZ 99 27B

B. SDJ 575H.

MACKRENZIE ROAD.

ZOAPRZOZZ































