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 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.

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 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 05/05/2022 09:04 (SGT) Date of Accident 12/06/2021 13:00 (SGT) Exact Location of Accident 10 Kaki Bukit Rd 2, Singapore 417868 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT4211T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHEONG LIMOUSINE Company Reg No 5XXXX086A **Email Address** joycethen1886@gmail.com Mobile Phone No (Phone) +65-84983980 Alternative Phone No +65-84983980

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number DMHCSNA00002172100 Cover Note Number

DRIVER

Name of Driver ANG SAY CHEONG (HONG SHIZHANG) NRIC No. SXXXX670Z

Date Of Birth 09/07/1972 Occupation Outdoor Date Of Driving Pass 10/12/1993 Driving experience 27 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-84983980 Alt. Phone Number Email Address joycethen1886@gmail.com Address BLK 231 SERANGOON AVENUE 3 Address complement #02-44 Postcode 550231 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured SELF-EMPLOYED Does Driver Own Other Vehicles? 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? Yes Police Station Name Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210707/2124. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown

Name of Driver
Contact Number

Address	-
Address complement	-
Postcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	ORANGE COLOURED CONE
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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, 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

A= SGT 4211 T

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

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Witnessed by Reporting Centre Personnel

D 5/5/22

Sketch Plan

B = Orange coloured cone C = motorcycle (unknown)

Describe Circumstances of the Accident	
Describe Circumstances of the Accident — Pls refer to the police report: T/20210707/2124. Note: Vehicle SGT 4211 T already disregistered. No vehicle photo available.	
Note: Vehicle SGT 4211T already disregistered	
No whice above applied :	
140 Active Similare	
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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

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Sera 50 S 5561 Tel N	29 No: 1800-488	enue 2 #01-02 SIN				·	Report No. T/2	1 of 3 20210707/2124	
	/Time Report 7/2021 23:17	Made:	Vide R	eport No.:			Station 76	Diary No.:	
Infor	mant's Parti	culars	N. ASIMBI		A CONTRACTOR	A STATE	10		
Name of Informant: ANG SAY CHEONG			Addres APT BL 550231	Address: APT BLK 231 SERANGOON AVENUE 3 #02-44 SINGAPORE 550231					
	ID Type / ID No.: NRIC NO / S7223670Z			t No.: Office:	4	Mobiles	04000000	O STONE WO	
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Sex: Male	Age: 48	Date of Birth: 09/07/1972	Driver	f Informant					
Race: Chines	e		Langua			Instituti	on / School	l Name:	
Occupation:			English Driving Licence Information:					NORTH PROPERTY	
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On 12.06.2021 at about 1pm, while I was at my workshop located at First East Centre, 10 Kaki Bukit Rd 2 #03-18. I needed to shift the car bearing registration no: SGT4211T that was parked on the 3rd floor of the building that was parked near to my workshop. As I was reversing, I hit on to an orange coloured cone that was placed behind a parked motorcycle (unknown registration no). After hitting the cone, a while later the motorcycle dropped. Immediately, I alighted from my car and make a check. The owner of the motorcycle was also there. From my observation, there was no damage on the motorcycle. No one was injured. We exchange particulars and I left the scene. I then a received a letter dated on 17.03.2021 from Traffic Police advising me to lodge a traffic accident report under in charge case IO Tay Chun vide ref no: TP/IP/29055/2021. That's all.

