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 16/05/2022 13:58 (SGT) Date of Accident 16/05/2022 09:50 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF BEDOK NORTH AVE 4 & UPPER CHANGI RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SGF7272B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAM KIM SAN (LAN JINSHAN) NRIC No. SXXXX817A Email Address vlkim75@yahoo.com.sq Mobile Phone No (Phone) +65-96880668 Alternative Phone No (Home) +65-96680668

VEHICLE PARTICULARS

Manufacturer

Model Attrage 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 1193

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00260332100 Cover Note Number

DRIVER

Name of Driver LAM KIM SAN (LAN JINSHAN) NRIC No. SXXXX817A

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	24/07/1975 Indoor 20/04/2018 4 YEARS AND 1 MONTH Male (Phone) +65-96880668 (Home) +65-96680668 vlkim75@yahoo.com.sg BLK 151 RIVERVALE CRESCENT #16-96 - 540151 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction 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 2 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	
I WAS TRAVELLING ALONG UPPER CHANGI RD HEADING TO TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, SO I PROCEED FROM THE OPPOSITE DIRECTION SUDDENLY TURNED RIGH PORTION. AFTER THE ACCIDENT, TRAFFIC POLICE AND AMBULANCE OF GBC5490X SAID THEY ARE NOT INJURED, SO TRAFFIC POLICE TOW TRUCK.	STRAIGHT, BUT VEHICLE B:GBC5490X WHICH WAS COMING IT, TO NO AVAIL, MY VEHICLE COLLIDED INTO ITS LEFT HAND CAME TO THE SCENE, THE DRIVER AND PASSENGER OF
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	GBC5490X

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	-
Name	PASSENGER
Gender	Female

SKETCH PLAN

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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.
- 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)

l 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' 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' 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 & Driver's Signature (if driver is not the policyholder) / Date

Time 16 | 05 | 22 | 1310 pm & Time

Sketch Plan

Bedok North Ave 4

DOA: 16-05-32

A: SGE 7272B B: GBC5490X

Upper Chang; Rd

Describe Circumstances of the Accident

I was travelling along Upper Changi Rd heading towards
Simei. Upon the traffic light junction, the traffic light
was green in my favour, so I proceed straight, but
vehicle B: GBC 5490X which was coming from the opposite
direction suddenly turned right, to no avail, my
which collided into its left hand portion.
,
After the accident, traffic police and ambulance came
to the scene, the driver and passenger of GBC 5490X
said they are not injured, so traffic police said we can
leave the scene, I then left with my tow truck.

Declaration

We declare the foregoing particulars are true in every respect.

gnature / Date & Driver's Signature (if driver is not the policyholder) / Date 22 1210 pm

Witnessed by Reporting Centre Personnel

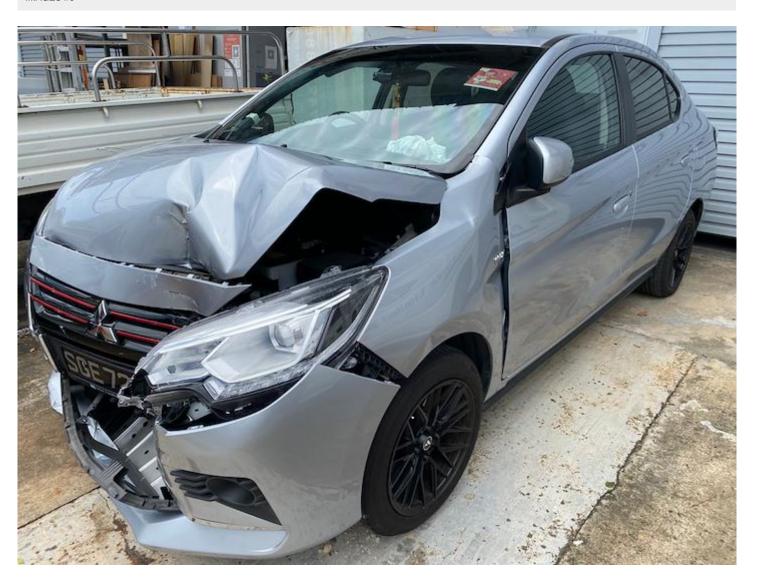












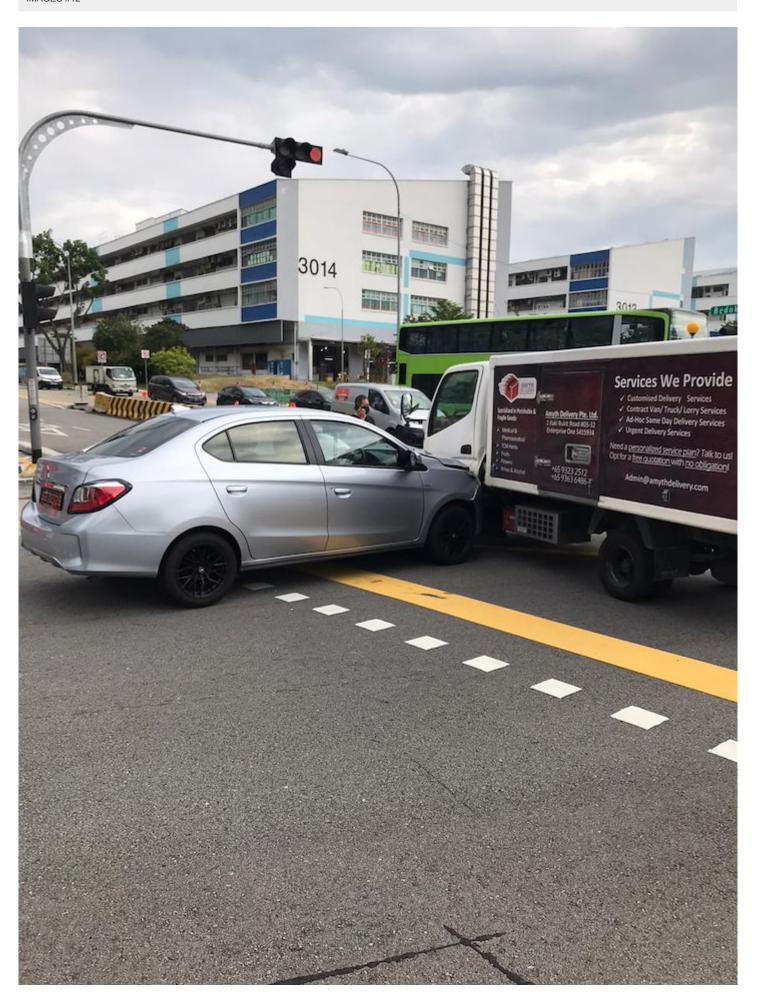


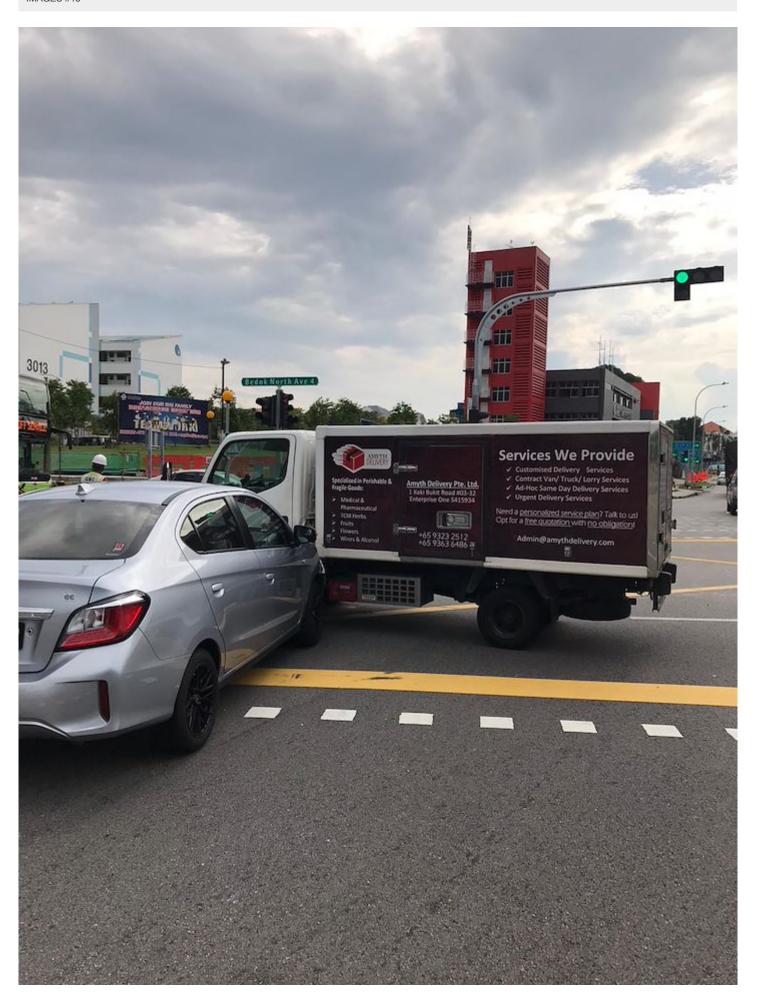








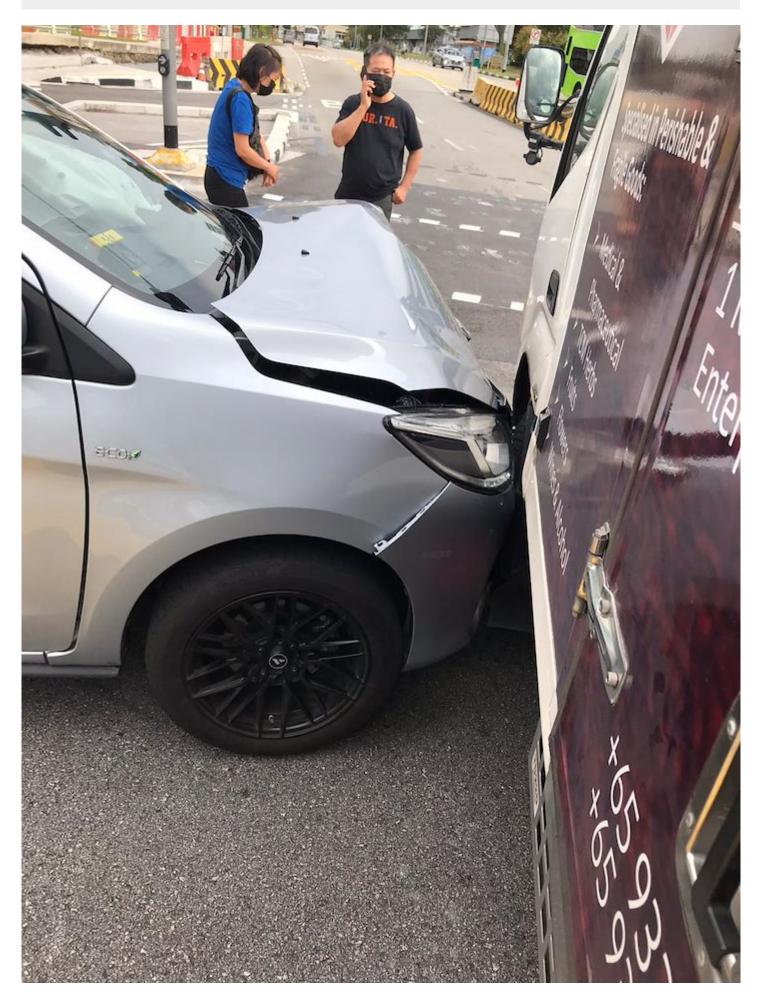














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJOB225G0001 ____ Vehicle Registration No: __SGE7272B Name (as shown in NRIC): Lam Kim San(LAN JINSHAN) NRIC/FIN/Passport No: S7522817A (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Blk 151 Rivervale Crescent #16-96 _ Singapore (540151) Mobile No.: 96880668 Contact (Tel):___ Email Address: __vlkim75@yahoo.com.sg Date of Accident: ____ 16/05/2022 0950 hrs ____ Time of Accident: __ Place of Accident: __Junction Of Bedok North Ave 4 & Upper Changi Rd China Taiping Insurance (Singapore) Pte Ltd Insurance Company: ___ (B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Upload Sketch Plan Pg.2. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Foong Sau WAh

NRIC/FIN No.: SXXXX204

Date: 16/05/2022

GIARMC Addendum Form