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 25/05/2022 16:28 (SGT) Date of Accident 03/05/2022 23:20 (SGT) Exact Location of Accident ECP, Singapore Additional Location Information **EAST COAST PARKWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV30641

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BOH AH LEE** NRIC No. SXXXX720B Email Address bohahlee@gmail.com Mobile Phone No (Phone) +65-97386671 Alternative Phone No +65-97386671

VEHICLE PARTICULARS

Manufacturer

Toyota Model Camry 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DHOM110165801903 Cover Note Number

DRIVER

Name of Driver **BOH SH-HANN, VERONICA** NRIC No. SXXXX735A

Date Of Birth 03/10/1979 Occupation Indoor Date Of Driving Pass 08/01/2020 Driving experience 2 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-81988767 Alt. Phone Number Email Address bohahlee@gmail.com Address BLK 156 BEDOK SOUTH AVE 3 Address complement #09-593 Postcode 460156 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Child 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 No 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Nο 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POICE REPORT: G/20220514/7004 ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- 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, 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;

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- (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 (I driver is not the policyholder) / Date

24.05.2022 2.20 pm

Witnessed by Reporting Centre Personnel

Sketch Plan

1C. DL

NOSKETCH

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24.05.2022 2.20pm

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

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Course Personnel





Report No. G/20220514/7004

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 14/05/2022 00:55	Vide Rep	Station Diary No.					
Name Of Informant BOH SH-HANN, VERONICA	Address 156 BEDOK SOUTH AVENUE 3 #09-593 SINGAPORE 460156						
ID Type / ID No. NRIC NO / S7930735A	Contact No. Home/Office: Mobile: 87988767						
Nationality SINGAPORE CITIZEN	Email Address VERONICABOH@YMAIL.COM						
Occupation	Sex	Age	Date of Birth	Race			
Dance instructor (extracurriculum)	Female	42	03/10/1979	Chinese			
Institution/School Name	Language English						
Date/Time Of Incident 03/05/2022 23:20 - 04/05/2022 23:20	Location Of Incident EAST COAST PARKWAY						

Brief details.

As per the letter received, I am supposed to lodge a police report of a Traffic Accident (NP 168) which is required for police investigation.

Based on the date given, I was driving home alone in my dad's car after having dinner with my friends. As much as I can remember, there was no accident involve on East Coast Parkway, I only remembered I jam break on Bayshore Road due to the car along Bayshore Road jam break right in front of my vehicle. When I look over from my front windscreen, my car was quite a distance (able to see the car plate

Signature Of Officer Recording The Report:	Signature Of Informant:					
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.					
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2022 00:55					
Officer In-Charge Of Case:	Classification Of Case:					





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220514/7004

number) from my car in front. Knowing no scratches or dent on my vehicle, I drove off towards home.

Upon reaching my destination, I did a check on my vehicle both front & back to confirm there was no scratches or dent.

Signature Of Officer Recording The Report:	Signature Of Informant:				
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2022 00:55				
Officer In-Charge Of Case:	Classification Of Case:				

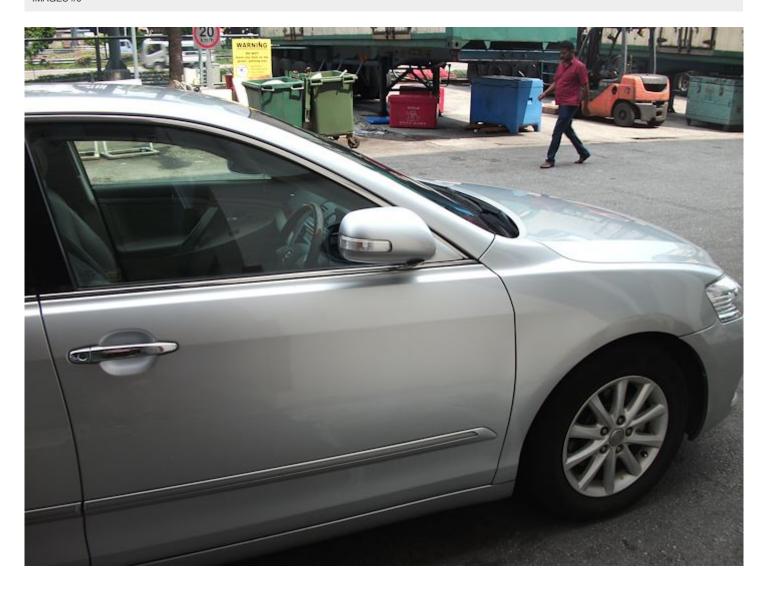


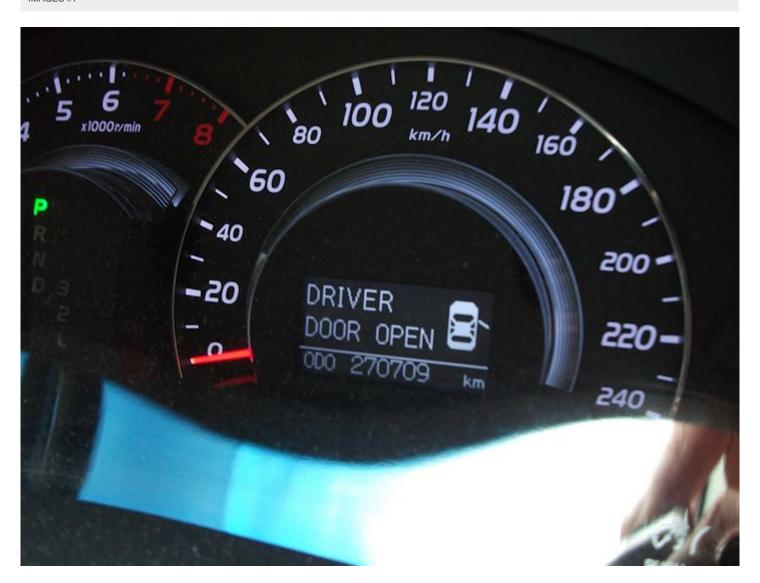


















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