

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.

 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 24/05/2022 11:20 (SGT) Date of Accident 23/05/2022 17:00 (SGT) Exact Location of Accident Near 68 Cairnhill Rd, Singapore 229674 Additional Location Information **OUTSIDE CAIRNHILL PLAZA ENTRANCE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW2508B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YU HAO NRIC No. SXXXX395I Email Address JOY.YANG@CEA.ORG.SG Mobile Phone No (Phone) +65-94881096 Alternative Phone No +65-94881096

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNA00227832102 Cover Note Number

DRIVER

Name of Driver YU HAO NRIC No. SXXXX395I Date Of Birth 21/08/1965 Occupation Indoor Date Of Driving Pass 11/05/1999 Driving experience 23 YEARS Gender Male Mobile Number (Phone) +65-94881096 Alt. Phone Number +65-94881096 Email Address JOY.YANG@CEA.ORG.SG Address 41A BEDOK RIA CRESCENT #04-53 Address complement Postcode 489929 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 Collision - Change/cross lane 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? 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBD8670T Vehicle Manufacturer Nissan Vehicle Model Nv350 Vehicle Variant Vehicle Colour Vehicle Category Goods vehicle Name of Driver **WU JINGUO** Passport No/FIN GXXXX913Q Contact Number Address

Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT PORTION
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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

4/05/2022 10-40am

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLW 2508R

CAIRNHIN RD TO SCOTTS RD.

Describe Circumstances of the Accident
Straight
on 23/5/22, Spm, I was Driving Along cainvill RD
Total San
TO SCOTTS RO. I was on the LEST lane and ous
TO TO . I CON THE ICH THE STES
00 7 . CQ 21' + +2 77 . Q 2000 MICHIGHT
as I was about to Drive pass cainstill plaza
entrance, out of no where GBIC 86+OT cut into
entrance, out of no where GBIL 8670T cut into from my right my lane , to enter the plaza.
my lane to enter the plaza.
I could not stop on time and & GBK 8670T
Hit anto my Right Front partion.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

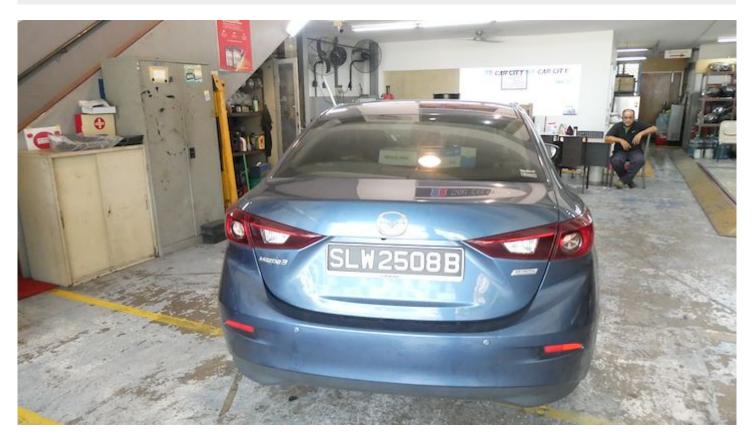
Witnessed by Reporting Centre Personnel













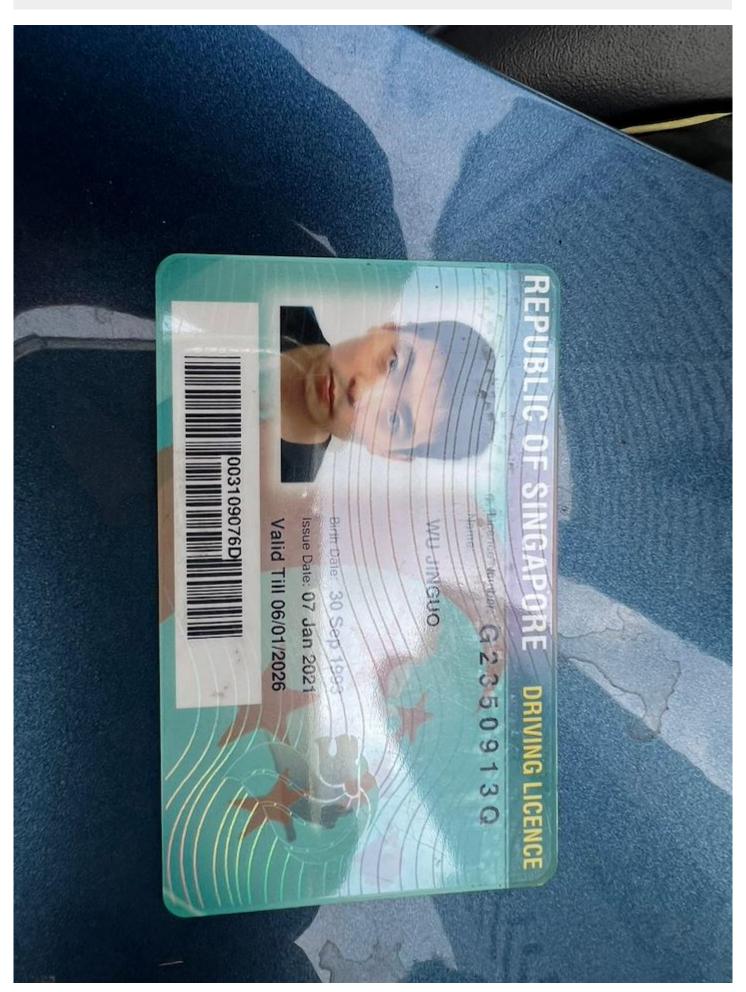


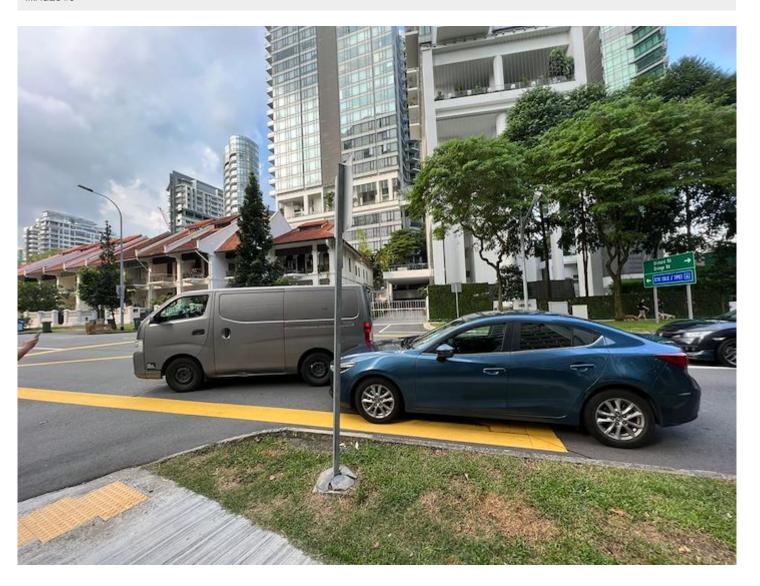




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SCOW 22 SO COO S Vehicle Registration No: SLW 2508B Name (as shown in NRIC): YU HOD NRIC/FIN/Passport No: 52654395 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BIK 41A BEDOK RIA GESCENT #04-53 Singapore (489729) Contact (Tel):______ Mobile No.: 94881096 Email Address: ____ Date of Accident: 23/5/22 Time of Accident: ___ Place of Accident: CAICHILL RD Insurance Company: CHINA (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: Typo error By worksHop Policyholder / Driver's Signature Reporting Centre Personnel's Signature

GIARMC Addendum Form

Date:

Name: ANSON Seah

Date: 24/5/

NRIC/FIN No.: 580345126