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 26/05/2022 16:34 (SGT) Date of Accident 25/05/2022 17:55 (SGT) Exact Location of Accident 60 Tuas Rd, Singapore 638501 Additional Location Information Along Tuas Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMK63771

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Li Zhi Qin NRIC No. S7460885Z Email Address zhigin74@hotmail.com Mobile Phone No (Phone) +65-98206055 Alternative Phone No +65-98206055

VEHICLE PARTICULARS

Manufacturer

Model Corolla Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1469

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01014624 Cover Note Number

DRIVER

Name of Driver Li Zhi Qin NRIC No. S7460885Z Date Of Birth 15/12/1974 Occupation Indoor Date Of Driving Pass 19/10/2011 Driving experience 10 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98206055 Alt. Phone Number +65-98206055 Email Address zhiqin74@hotmail.com Address Blk 218B Boon Lay Avenue Address complement #09-273 Postcode 642218 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 - Head to Rear 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to file attached ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

Nο

Was there any audio recorded?

Describe Circumstances			
DATE: 25 05 00	127		
TIME: 1755 HES			-257
LOCATION: TUQS	ROOD		
LOOKHON: [Was	KNUD		
VEHICLES INVOLVED :			
VEHICLE A: SMK6	377L	VEHICLE B: X € 3566D	
VEHICLE C:	, ' '	VEHICLE D:	
NO. OF PASSENGERS	: /		
CIRCUMSTANCES OF	ACCIDENT:		
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olicender's Signature ate & Time :	Driver's Signature (If driver is not the Date & Time :	e policyholder) Witnessed by Reporting C Personnel	entre
06 05 2022 (2)		3/28/07/27/27	

SKETCH PLAN

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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)

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

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Policyholder's Signature Date & Time: Sketch Plan	Driver's Signature (If driver is not the policyholder) Date & Time: 2021 @ 1100 HLS	TEVANCE SOCIETY REPORTED A
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