

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 withholding 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	28/05/2022 17:14 (SGT)
Date of Accident	27/05/2022 19:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS AVE 5 TOWARDS PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7038L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE MEI
NRIC No	S1499674E
Email Address	DIANACMLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96901275
Alternative Phone No	+65-96901275

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
Variant	JETTA 1.4 TSI 1633G5 HID SR NAV
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	1390

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP311115
Cover Note Number	

DRIVER

Name of Driver	CHEONG CHOONG PAK
NRIC No	S1686306H

Date Of Birth	23/05/1965
Occupation	Indoor
Date Of Driving Pass	25/04/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97451178
Alt. Phone Number	-
Email Address	DIANACMLIM@GMAIL.COM
Address	70 HOUGANG AVENUE 7
Address complement	#14-06
Postcode	538804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
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)	1
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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UNABLE ABLE TO UPLOAD, PLEASE INFORM WORKSHOP TO SEND TO THE INSURANCE DIRECTLY.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1



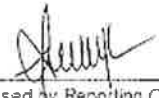
Vehicle Registration Number	SNB2203S
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93398258

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

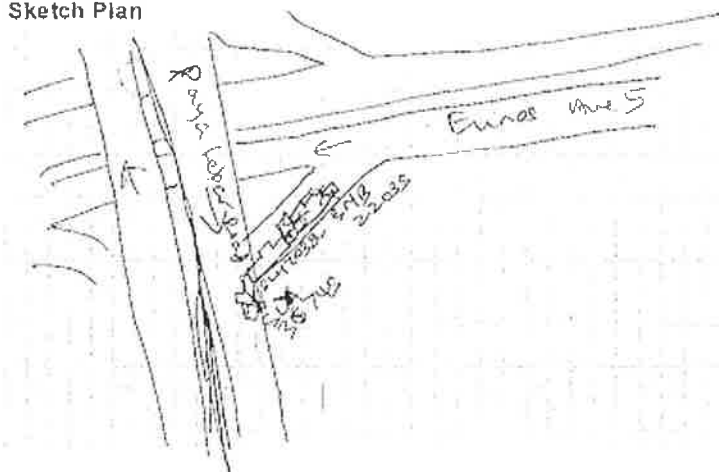
SKETCH PLAN

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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' 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time <u>28 May 2012 1 pm</u>	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



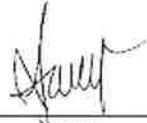


Describe Circumstances of the Accident

LICENSE PLATE: SLH7038L	ACCIDENT DATE & TIME: 27 May 2022, 7:06 pm.
CONTACT NUMBER: 96901275	E-MAIL ADDRESS: dianaacm111@gmail.com
LOCATION: Ennas Avenue 5 after toward Paya Lebar Road.	
(Please see video of front and rear of SLH7038L.)	
SLH7038L was filtering out from Ennas Ave 5 to Paya Lebar Road around 7:05pm. Traffic was heavy along Paya Lebar Road.	
SNB 2203S was behind SLH7038L. Suddenly hit my car rear. Video show clearly SNB 2203S move and brake and suddenly surge forward and hit my rear.	
(SLX3674S)	
SLH7038L front video show a car is in front. After SLH7038L was hit, the car in front SLX3674S drove off.	
SNB 2203S driver and SLH7038L driver (Shuang Chen Pak) came down to take picture of the damages.	
SNB 2203S has no damage BUT SLH7038L rear bumper and reverse sensor were damaged.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim ODP/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time 28 May 2022 12:57pm	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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