SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>Correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

3. Information provided must be as truthful and accurate as possible, Any whole interaction of 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 23/05/2022 11:09 (SGT) **Date of Accident** 21/05/2022 17:45 (SGT) **Exact Location of Accident** Killiney Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR20T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG PEI LING (HUANG PEILING) NRIC No SXXXX427A **Email Address** CHARLYGAL@HOTMAIL.COM Mobile Phone No (Phone) +65-98737744 Alternative Phone No +65-98737744

VEHICLE PARTICULARS

Manufacturer Model X4 XDRIVE20I 4WD HID SR NAV Variant Exact purpose for which vehicle was being used at time of 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 1997

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MA006306 Cover Note Number

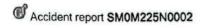
DRIVER

Name of Driver NRIC No

NG PEI LING (HUANG PEILING) SXXXX427A



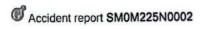
	13/03/1981
riving Pass	Indoor
experience	18/06/2002
er	19 YEARS AND 11 MONTHS
oile Number	Female
	(Phone) +65-98737744
dt. Phone Number	+65-98737744
Email Address	CHARLYGAL@HOTMAIL.COM
Address	21 KIM YAM ROAD
Address complement	05-06
Postcode	239332
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
A CONTRACTOR OF THE PROPERTY O	•
Insurance Company of Other Vehicle Owned by Driver	N•
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	1.00 m
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	i
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?	
ii yes, agailist wildiir	
CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHB1003E
Vehicle Manufacturer	-
Vehicle Model	*** **
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	FONG SOON KIANG
Contact Number	(Phone) +65-97881627
Address	h manual and a second



Address Address complement



apany Name amage property damaged in accident assenger (Including Driver)







SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- 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 ladgement 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)

Lunderstand, 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")

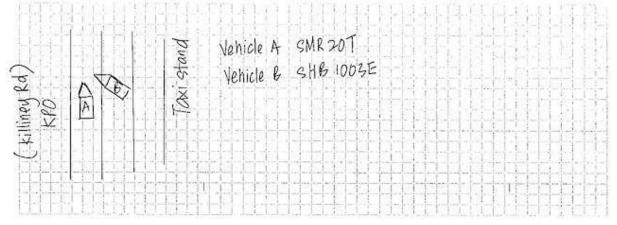
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Re Personnel

Sketch Plan



Describe Circumstances o		ACCIDENT DATE & TIME: 21	5 27 5 4 5 pm
	7371 44		le notmail com
LOCATION: KILLINEY RO		Chart this	d O to thibitie thin
	W 1911	1 86 10 23 15 0	******
At about 5.450m on	Caturday afternoov	1. I mas driving along kil	liney road
on the extreme left	lane at a low	speed about 40 km/hr.	guddaily.
in front of KPO 1	estaulant, there	Was a taxi (car plat	2 9HB 1003E)
turned out for th	e taxi stand a	+ Orchard courtal and c	ut into mu
lane and hit mu		ut part of mucar.	- J -
We stop and car	's found scrath	sciatches on the ric	Int frout
past of my car	· I am Claimine	a the taxi arivy for	my damageds.
			J 1
			74 VB 54
	3 <u>11</u>		
	-, 7-	W	
470727	22.571	90-1	
		100 mm	X1. 54.000F-30
	11 /		
10-10-11	77		
30 1770			
			- 1255 Y-
	340		1100
		1981	
	1152 - 8		<u> </u>
- 10 - S	(a 88)		
		es estillar es	787 <i>19</i>
			1000
NOTE: 0) EASE M	TE THAT VOUD INCHDED M	AY HAVE 14 DAYS TIME FRAME FOR YOU	TO SUBMIT AN
		Y. PLEASE CHECK YOUR POLICY FOR MC	9000 00 P/000 00 00 00 00 00 00 00 00 00 00 00 00
Please state:	- CHART TOOK OTHER OCIO	THE SERVICE OF EACH TOUR POSICE FOR MC	THE RESTAURT IN THE
() Claim Own Policy	Colaim Third Party	() Claim OD/TP at other workshop	() Reporting Only
112300	47.5	CA Significant at one moreoreh	/ Livehairing Arity

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Contre Personnel