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 24/06/2022 22:17 (SGT) Reported by Date of Accident 23/06/2022 17:30 (SGT) Exact Location of Accident Braddell Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1496

Vehicle Registration Number SJT9210C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAW FEN SIAN NRIC No S7677723C Email Address ANNLAW21@HOTMAIL.COM Mobile Phone No (Phone) +65-96842894 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio 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? Vehicle Category Transmission

No - Reporting only

INSURANCE COMPANY Name of Insurance Company

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00207922100

DRIVER

CC

Name of Driver TAN CHEE YANG NRIC No S8586372Z Date Of Birth 27/03/1985 Occupation Indoor

Policy Number / Cover Note Number

Date Of Driving Pass 21/06/2014 Driving experience 8 YEARS Gender Male Mobile Number (Phone) +65-94791121 Alt. Phone Number Email Address chee-yang@hotmail.com Address APT BLK 712 BEDOK RESERVOIR ROAD #05-3904 Address complement Postcode 470712 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHB2386T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Taxi

Vehicle Category

Name of Driver
Contact Number

Address			 	
Address complement				
Postcode				 _
Insurance Company Name .			 	
Nature Of Damage				
Details of property damaged i	in accide	nt		. <u>-</u>
No. Of Passenger (Including	Driver) .			

SKETCH PLAN

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- of Singapore (GA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the biogeneral 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 consient that

- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may lare 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 imail 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 lare 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 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

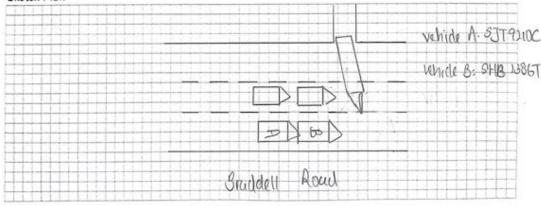
Policyholder's Signature / Claté &

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

& Time

Witnessed by Reporting Centre Personnel





CS CamScanner

Describe Circumstances of the Accident
On 23 June 2012, I done vehicle A (SIT9210C) Glory Briddell Road.
I drive the most right lane, suddenly one truck cut in to our
lane from junction direct to theright lane. Front taxi B. (SHBJ386T)
jammed brake. I unable stop in the time and head to rear with
taxi. No one was injuries, taxi damage unly one bumper small over.
pop out, I put back then okay already.

Declaration

We declare the foregoing particulars are true in every respect.

10.00am

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

Witnessed by Reporting Centre Personnel













