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 13/07/2022 15:34 (SGT) Reported by Date of Accident 12/07/2022 15:30 (SGT) Exact Location of Accident Singapore Additional Location Information BLOCK 517 JURONG WEST ST 52 CARPARK Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **SNC3338A**

Honda

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JAMES PANG CHEE WEE (FENG ZHIWEI) NRIC No S8106434B Email Address JAMES PANG@AIA.COM.SG Mobile Phone No (Phone) +65-96975658 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Odyssey 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 2356

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01009690

DRIVER

Name of Driver FANG XIUHUI@HENG SIEW HWEE NRIC No S8421192C Date Of Birth 09/07/1984 Occupation Indoor

Date Of Driving Pass 09/01/2007 Driving experience 15 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97677761 Alt. Phone Number Email Address XIUHUI.84@AIA.COM.SG Address 10 BUKIT BATOK ST 41 #11-32 S657977 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 PASSENGER 1 Name NAW Gender **Female** PASSENGER 2 Name JAMIE PANG Gender Female **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 ATTACHED REPORT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

WITH OWNER

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	GBK5292J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	SHAK HUMAYUN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
, .	-
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)

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 1ン | フ | フ | シュンシュ

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

Witnessed by Reporting Centre Personnel

Sketch Plan (735 hrC

SNC 3338A

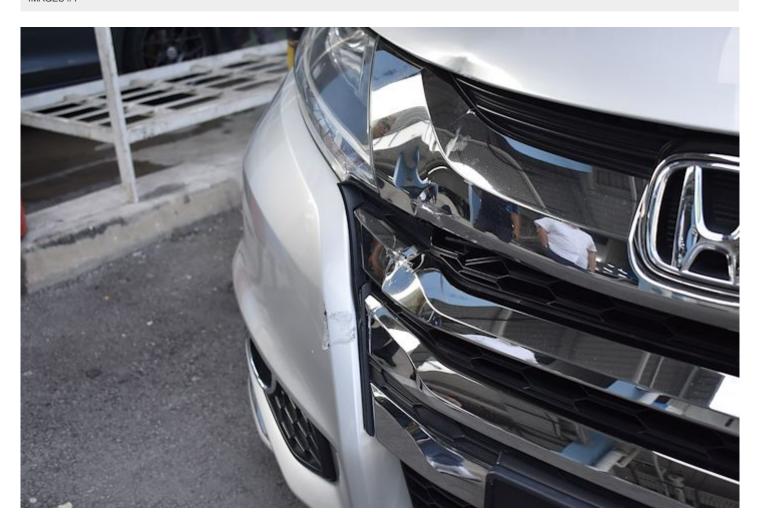
REC 3338A

Describe Circumstances of the	he Accident	
We are month	dden stop without eigna	, following bohind the
The lorry su	dden stop without eigna	af intention.
	behind the lorry.	
	ent into reversed mod	le without signal
of intent. W	De horn numerous times	ax warning
but the Gr	ry continue to rever	Je into the
Newscond of the second of the	vehicle. Our car 1	The state of the s
	evident in our vide	
Declaration /		
We declare the foregoing particulars a	are true in every respect,	
SAU		Mr.
	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
(735hrc)		

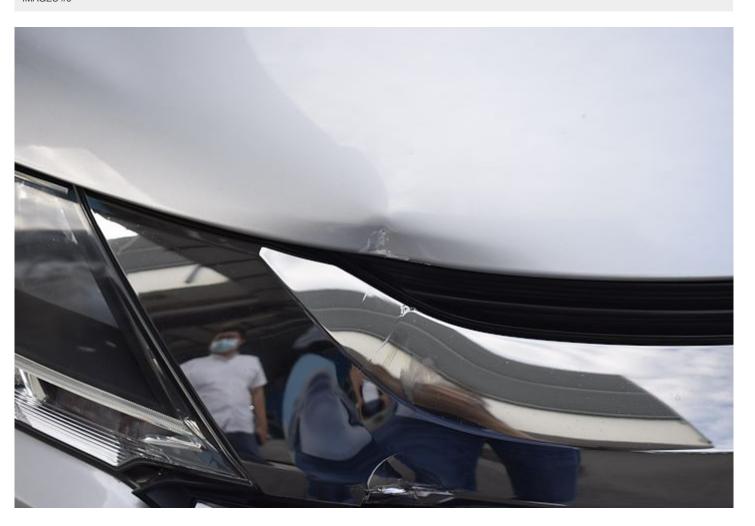


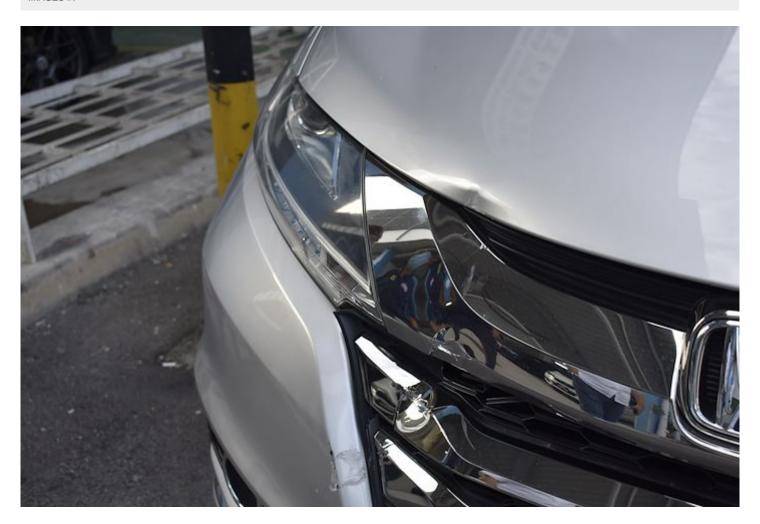


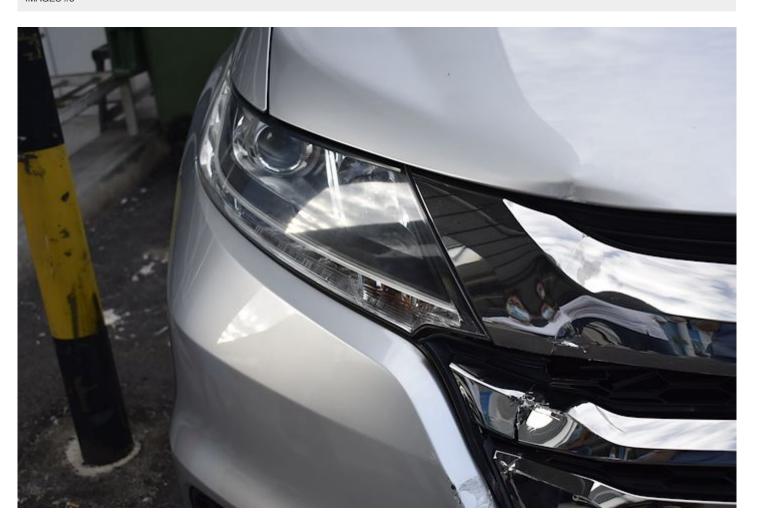
















I, Shak Humayun,
063536059, admitted
that I reversed my lorry,
GBK 5292J into Honda
SNC 3338A at Jurong
West St 52 Blk 517 on
12th July 2022.

