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.

- 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 05/04/2022 17:35 (SGT) Date of Accident 04/04/2022 15:35 (SGT) Exact Location of Accident Singapore Additional Location Information TAMPINES ST 23 - BLK 201E OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBH1561A** INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM GUAN SHENG TRADING

VEHICLE PARTICULARS

Manufacturer Model NV350 PANEL VAN 2.5 5MT 5DR Variant Vehicle Category Commercial vehicle Transmission Manual 2488

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy No Policy Number Z22VC05009838 Cover Note Number 05/02/22 - 04/02/23

DRIVER

Name of Driver LIM POON SIAH NRIC No S1472086C Address BLK 625 CHOA CHU KANG ST 62 #02-198 Address complement Postcode 680625 Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Was anybody injured in the Accident?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

No
CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

REFER ATTACHED

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Insurance Company Name

SKX8347R

SKX8347R

Private car

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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 enquines 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 5-4-2022

Reporting Centre Fersonnel's Signature
Name:

NRIC/FIN No.:

| SKETCH PLAN | Tompiles St23 | B SKX 8347 R |
|-------------|---|--------------|
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| | 2018 | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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|---|
| On 04-04-2022 @ 18.38 hts. my vehicle A. (GBHIE |
| Was in the open carpark of BIK 201E at Tamipes at 23 When m |
| vehicle A accidentally reversed and hit onto the rear bumper of |
| another vehicle B (SKX8347R) Which was stationary behind n |
| van Reur bumper of vehicle B. Was slightly damage. |
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I/We decla

particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: 05 - 04 - 2022 Reporting Centre Personnel's Signature
Name:

NRIC/FIN NO.













Diana Leow

Your Sincerely

GIA Records Management Centre

From: no-reply@shift-technology.com Sent: Tuesday, 26 April, 2022 6:03 PM To: dianaleow@visionlawllc.com Subject: [GEARS] Your order reference #AM1-INS-C136-117183-22-JT for third-party vehicle GBH1561A - Waiting for confirmation from driver/owner × Dear Sir/Madam, Reference: AM1-INS-C136-117183-22-JT First-party vehicle number: SKX8347R Third-party vehicle number: GBH1561A Accident date: 04/04/2022 Your request to purchase an accident report was received successfully. A confirmation email has been sent to the email address of the driver/owner that they stated in their accident report. Please advise your client to complete the authorisation steps from the provided confirmation link. The purchase order is processed by GEARS. If you need some help, please contact us at gears-support@shift-technology.com

******** This is an automated message. Please do not reply to this email.*******

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