SN09227L0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/07/2022 14:07 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (21/07/2022 14:07 (SGT))

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 21/07/2022 14:07 (SGT) Reported by Driver Date of Accident 11/07/2022 09:25 (SGT) Exact Location of Accident Telok Ayer St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SKH5006D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEE LIAN CHENG NRIC No SXXXX279B Email Address zhaoyouning88@gmail.com Mobile Phone No (Phone) +65-98801917 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A6 Variant 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 - Reporting only

Transmission Auto CC 1984

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00256382101

DRIVER

Name of Driver **ZHAO YOUNING** NRIC No SXXXX601G Date Of Birth 28/06/1986 Occupation Indoor

Date Of Driving Pass 20/03/2006 Driving experience 16 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87487590 Alt. Phone Number Email Address zhaoyouning88@gmail.com Address 6 TANAH MERAH KECHIL LINK Address complement #08-11 URBAN VISTA Postcode 465419 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **AUNTY** 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 Side Swipe Weather Conditions Raining Road Surface Wet 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 PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLN3233J** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver
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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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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,
- 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)

l 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' 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

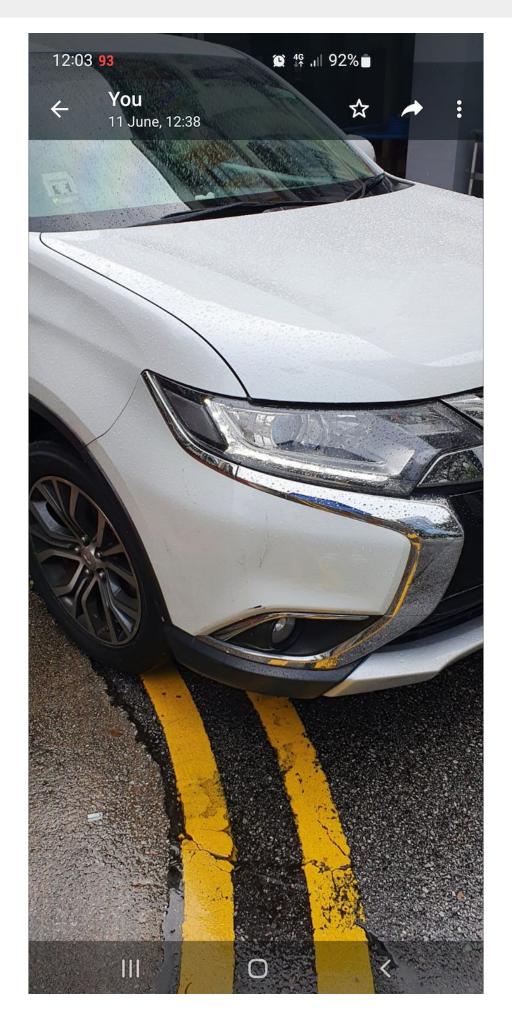
Sketch Plan

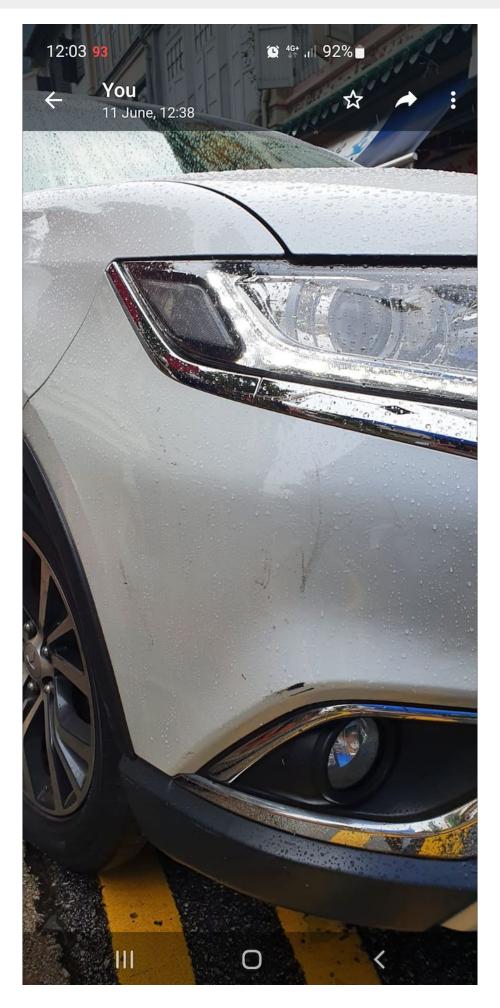
Driver's Signature (If driver is not the policyholder) / Date

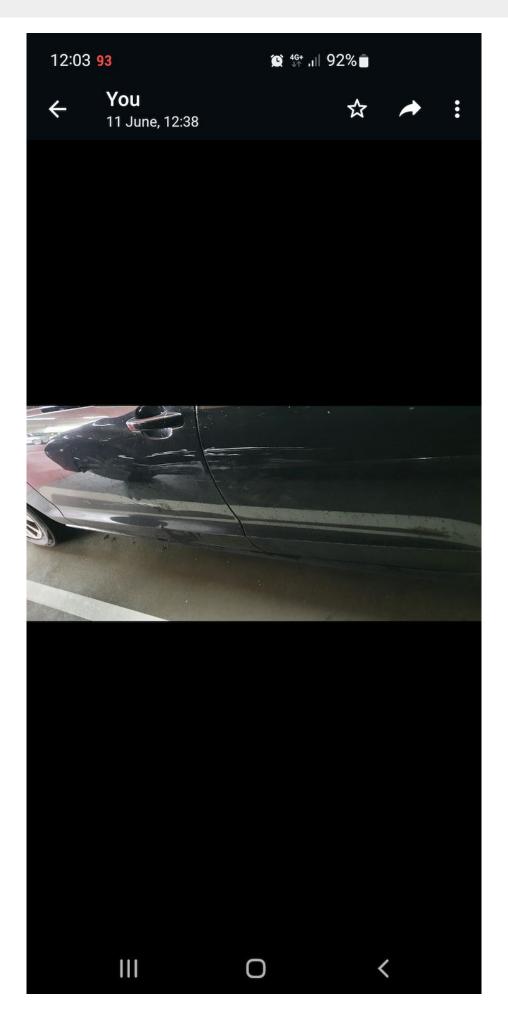
Wignessed by Reporting Centre
Personnel

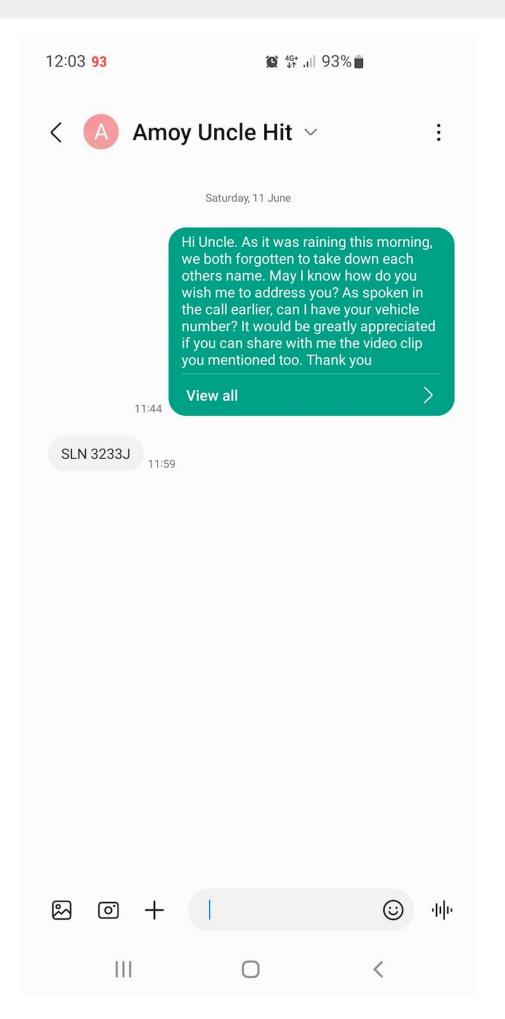
TELOK AYER ST

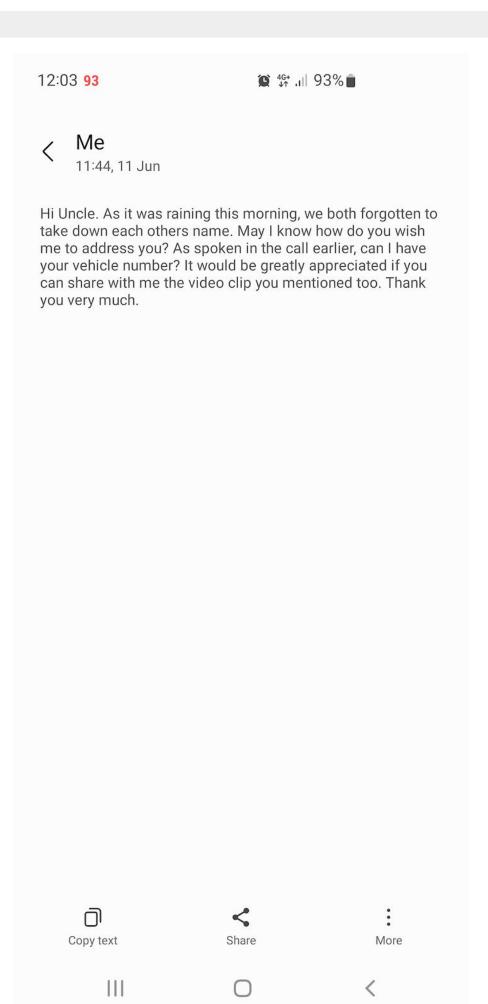
On 11 Juhe 2022 at to park my car into Jork infront of me. A ato the lot. About the	about 09:20, I	was driving	along Telak	Auer st and h	vanted
to park my car into	a paralle lot. Du	ing that time	. there was	a truck doing	unisading
Jork infront of me. A	s I have noticed	the trurk, I	drove slowly u	with care to m	anouvre
nto the lot. About the	same time SLN?	2337, hit me	from the bac	k to the side	of my car.
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claration					
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		21/7/21.	•	2/m 21/0	7/12
licyholder's Signature / Date &		river is not the policy		Witnessed by Report	. (











SELLER DETAILS Name NRIC/FIN/UEN Contact No. Address VEHICLE DETAILS Vehicle Reg. No. Vehicle Scheme Make & Model Engine No. Chassis No. Year of Make Original Reg. Date	13 Pec 7012	SCH173591
COE Explry Road Tax Explry PURCHASE DETAILS Purchase Price Deposit Bank/Finance Co. : Da Settlement amt Net Balance Date of Handover	\$ 28700 \$ 1000 S maybank \$ 27700 9 July 702	Seller Signature Name ZMAO YOUNING- SECTOOLY Buyer Signature Name Contact No.