

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 withholding 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	18/07/2022 15:12 (SGT)
Reported by	Both
Date of Accident	15/07/2022 23:00 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	towards PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6717T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	E-Car Solutions Enterprise
Company Reg No	5XXXX838A
Email Address	sean.chongck@hotmail.com
Mobile Phone No	(Phone) +65-81632233
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B200
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00088922201

DRIVER

Name of Driver	Chong Choon Kiat
NRIC No	SXXXX907D
Date Of Birth	20/09/1983
Occupation	Indoor

Date Of Driving Pass	16/09/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81632233
Alt. Phone Number	-
Email Address	sean.chongck@hotmail.com
Address	Blk 181 Bishan Street 13 #09-255
Address complement	-
Postcode	570181
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sole Proprietor
Does Driver Own Other Vehicles?	No
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving along Tuas Road towards PIE. I heard a sound but I see from my mirror there was nothing. I continued to drive and then the car started to lose power. I drive to the side and see bottom of my engine had component hanging down. I arranged for tow truck to come to pick up the car.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

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6 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

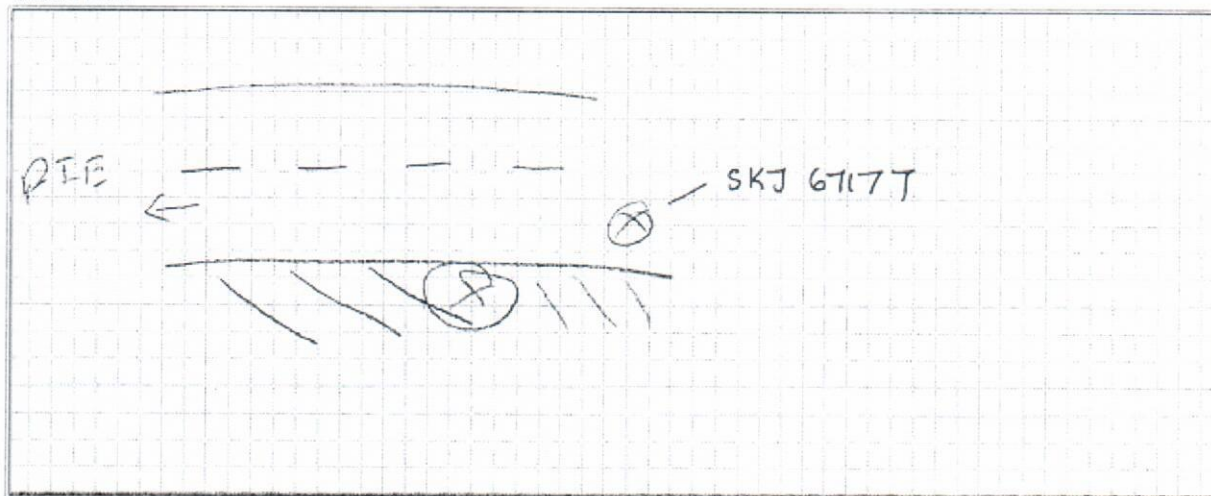
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
- (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' 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.

Signature
E-CAR SOLUTIONS
ENTERPRISE
18/7/2022
Policyholder's Signature / Date & Time

Signature
18/7/2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Signature
Lim Lai Foong
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




vJun2022

Describe Circumstance of the Accident

I was driving along Tuen Road towards PIE. I heard a sound but I see from my mirror there was nothing. I continued to drive and then the car start to lose power. I drive to side and see bottom of my engine had impact & hanging down. I arranged for tow truck to come to pick up the car.

Declaration

I/We declare the foregoing particulars are true in every respect

 E-CAR SOLUTIONS
ENTERPRISE
18/7/2022

Policyholder's Signature / Date & Time

 18/7/2022

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


Lim Lai Feong

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)