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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 29/07/2022 10:22 (SGT) Reported by Date of Accident 28/07/2022 18:15 (SGT) Exact Location of Accident Singapore Additional Location Information ESSO PETROL STATION AT ANG MO KIO AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY9339K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WANG KIE THOO NRIC No S1483147I Email Address RTWAHG@SINGNET.COM.SG Mobile Phone No (Phone) +65-96531202 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 2500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5116975373-02

DRIVER

Name of Driver WANG KIE THOO NRIC No S1483147I Date Of Birth 19/09/1961 Occupation Indoor

Date Of Driving Pass 22/01/1997 Driving experience 25 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96531202 Alt. Phone Number Email Address RTWAHG@SINGNET.COM.SG Address BLK 108 #06-303 LENGKONG TIGA Address complement Postcode 410108 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHA1670J

Vehicle Registration NumberSHA1670JVehicle ManufacturerHyundaiVehicle Model-Vehicle Variant-Vehicle ColourBlueVehicle CategoryTaxiName of DriverNEO YOW HOCKNRIC No\$1760947E

Contact Number	(Phone) +65-97346638
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	29/07/2022 / 10:15
Report No: MT/	D.O.A: 28/07/2022	Vehicle No: SDY9339K	Reporting Type:
	Time: 18:15 hrs		0.11

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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)

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.

29/07/22 / 10:15

29/07/22 / 10:15

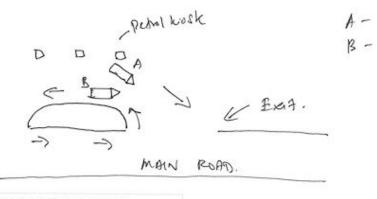
GANESH (S993561) Customer Care Executive Motor Service Centre

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

Sketch Plan

Policyholder's Signature / Date & Time

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



ESSO PETROL STATION AT ANG MO KIO AVE 5

Vehicle A: SDY9339K Vehicle B: SHA1670J

Describe Circumstances of the Accident						
I COMING OUT FROM THE PETROL KIOSK WANT TO EXIT TO MAIN ROAD. SUDDENLY THE TAXI FROM RIGTH COME AND HIT INTO MY RIGHT PORTION.						
COME AND THE INTO ME MORE PORTION						
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Declaration

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

29/07/22 / 10:15 Policyholder's Signature / Date & Time $\frac{29/07/22\ /\ 10:15}{\text{Driver's Signature (If driver is not the policyholder)\ /\ Date\ \&\ Time}$

GANESH (S993561) Customer Care Executive Motor Service Centre

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





