

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 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 the 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 | 25/08/2022 11:50 (SGT) |
| Reported by | Both |
| Date of Accident | 24/08/2022 14:07 (SGT) |
| Exact location of Accident | 116 Bukit Batok West Ave. 8, Singapore 651194 |
| Additional Location Information | OPEN CAR PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV8593U |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name of Registered Owner | M KAVITHA |
| NRIC No | S7298018B |
| Email Address | kavimtk@gmail.com |
| Mobile Phone No | (Phone) +65-93827841 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Renault |
| Model | Scenic |
| 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 hire |
| Transmission | Auto |
| CC | 1461 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00011702201 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | M KAVITHA |
| NRIC No | S7298018B |
| Date of Birth | 05/01/1972 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 17/09/1998 |
| Driving experience | 23 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93827841 |
| Alt. Phone Number | - |
| Email Address | kavimtk@gmail.com |
| Address | BLK 416 WOODLANDS ST 41 #101-147 |
| Address complement | - |
| Post Code | 730416 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| 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 | NA |
| Gender | Female |

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

ON 24/8/2022 AT ABOUT 1407HRS. MY VEHICLE WAS PARKED AT BLK166 BUKIT BATOK WEST AVE 8 OPEN CAR PARK .WHEN SUDDENLY VEHICLE B REVERSE AND MISJUDGE THEN COLLIDED ONTO MY VEHICLE.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------|
| Vehicle Registration Number | YQ535M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|--------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | RAMASAMY PERIASAMY |
| NRIC No | S1146450E |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Post Code | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

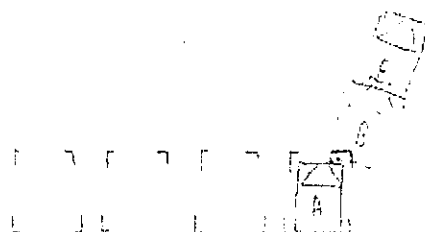
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Ministry of the Attorney General of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) administering, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
 - (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 handling 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, if any;
 - (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;
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers/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 collected under and above may be shared by, received by, and used by:
 - (i) the relevant insurance companies and/or their authorised agents, including insurance brokers, insurance intermediaries, insurance regulators, law enforcement and government agencies if reasonably required for the purposes stated above;
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 24/11/2021
10:51 AM

Driver's Signature
If driver is not the policyholder:
Date & Time:

Report the Centre Person(s) Signature
Name:
N/A (N/A)

SKETCH PLAN



A: SW85930

B: YR535M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/18/2022 at about 1400hrs. my vehicle was parked at 818 166 Burt Blvd
West Ave & open car park. when suddenly vehicle B reversed and misjudged then
collided into my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

Driver's Signature

Date & Time

2/18/2022
17:20

Witness Signature

Witness Name & Address

Date & Time

Reporting Officer's Signature

Name

NAIC File No