

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.

- 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 05/09/2022 16:27 (SGT) Reported by Driver Date of Accident 04/09/2022 00:30 (SGT) Exact Location of Accident Johor Bahru, Johor, Malaysia Additional Location Information CIQ CHECKPOINT TWDS SINGAPORE CUSTOM Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

Vehicle Registration Number SCV3338E

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner CYBER YARD ENT PTE LTD

Company Reg No 201815408W

Email Address skcarz@yahoo.com.sg Mobile Phone No (Phone) +65-84999448

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Corolla

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00019482201

DRIVER

Name of Driver KELVIN HO TIONG KIAT NRIC No S7626419H Date Of Birth 27/08/1976 Occupation Indoor

Date Of Driving Pass 21/08/2019 Driving experience 3 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-84999448 Alt. Phone Number Email Address skcarz@yahoo.com.sg Address **BLK 123A RIVERVALE DR** Address complement #06-129 Postcode 541123 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **PARTNER** 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 - Change/cross lane 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 PASSENGER 1 Name WIFE Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT 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

SND852X

Vehicle Model Vehicle Variant

Vehicle Manufacturer

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG JUN JIE
NRIC No	S8531653B
Contact Number	(Phone) +65-97587768
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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- 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:

(n) 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 times, 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 enquisies by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to rise, which could involve disclosure of contain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mails packages), and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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(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/layy firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policybolder's Signature / Date & Time

Actual Driver's Signature (if driver is n

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

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

Sketch Plan

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A-SCU-3-245

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Accident report SN0922950005

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