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 25/10/2022 11:37 (SGT) Reported by Driver Date of Accident 21/10/2022 21:50 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 624 YISHUN RING OPPOSITE WORKSITE Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJL4171G INSURED/POLICYHOLDER Is company? Nο Name Of Registered Owner BHAVA MOHAIDEEN MOHAMED MEERAN MUBIN SAHIB NRIC No. SXXXX498J Email Address mdmubinme@gmail.com Mobile Phone No (Phone) +65-90281737 Alternative Phone No VEHICLE PARTICULARS Manufacturer Honda Model FREED 1.5G A 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 - Claiming third party Vehicle Category Private car Transmission Auto 1496 INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW0010500201

DRIVER

Name of Driver MOHAMED ALAWOODHEEN PEER MOHAMED Passport No/FIN FXXXX448T Date Of Birth 24/03/1977 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/07/2004 18 YEARS AND 3 MONTHS Male (Phone) +65-84261267 - mohamedpeer15@gmail.com No Friend No
GENERAL IN CHIMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I park my vehicle stationary and behind there was a lorry park at s cause it lorry hit onto my vehicle rear portion and cause damage.	uddenly the lorry (YP1980J) did not check behind and went reversing
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	YP1980J Commercial vehicle CHINNAVAN BALAKRISHNAN

D 0 (40

Passport No/FIN Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	GXXXX070R (Phone) +65-86540965 - - - - -
Details of property damaged in accident No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHNO SJL 4171 G DATE OF ACC: 21/10/22 950 PM

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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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 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 aforeseld.
- 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, involces, 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")

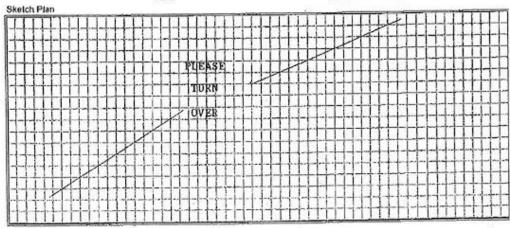
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, maylare permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

By 22/10/2022

Policyholder's Eignature / Date & Time

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

(W L) ong 23.
Witnessed by Reporting Centre Persons
(Name as in NRICID card)



Claim under your Own Comprehensive policy. Plis check your policy for more information. () Claim Own Policy (V) Claim Third party () Reporting Only () Claim OD/TP at other workshop () () Claim OD/TP at other workshop () () Claim OD/TP at other workshop () () Claim OD/TP at other workshop () () Claim OD/TP at other workshop () () Claim Own Policy () () Claim Third party () () Claim Third part	[10] [10] [10] [10] [10] [10] [10] [10]	entieu fe	. +			AMAGE
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Declaration

IWe declare the foregoing particulars are true in every respect.

Patricious Signature Carles Time

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(W.L.) 0.13 22 100 32 Worseled by Reporting Centre Percornel (Nome as in NRIC/ID card)

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