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 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 28/10/2022 17:53 (SGT) Reported by Driver Date of Accident 27/10/2022 16:45 (SGT) Exact Location of Accident Moulmein Rd, Singapore Additional Location Information JUNCTION WITH THOMSON ROAD AND NEWTON ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GBE1020K**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RAINBOW LEARNING CENTRE Company Reg No 5XXXX998A Email Address sle3@hotmail.com Mobile Phone No (Phone) +65-90928720 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Kangoo 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1461

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00091742207

DRIVER

Name of Driver LEE WAN KEONG NRIC No SXXXX347E Date Of Birth 15/10/1959 Occupation Indoor

Date Of Driving Pass 25/01/1983 Driving experience 39 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90928720 Alt. Phone Number Email Address sle3@hotmail.com Address 12 LORONG LIMAU #09-03 Address complement Postcode 328741 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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 PLEASE 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 SLG8738Z Vehicle Manufacturer Toyota Vehicle Model Prius

Private car

SXXXX764F

NG SIEW HEONG

Accident report SN0822AS0006

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-98232999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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.

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

- (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 displayure 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 GtA 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.

Policyholder's Signature / Date & Time

28/10/22

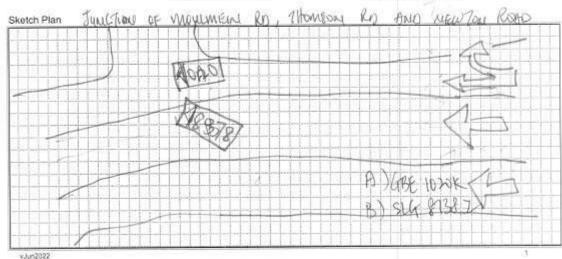
12.17 hrs.

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

we

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)



Of Accident report SN0822AS0006

ribe Circums	stance of the Accident			
n 27/10	1/22. I was on	my way home, to	avelling from 1	Jewton Rd town
ou/me	in Rd. The W	extrest was fine	e, Avor was	dry and visio
san g	ord As 1 app.	vached the jun	chun shown	in the sketch
tacker	of, suddenly,	I felt am impar	t on the left	of my van.
/ ame	dialely stowed	down and stop	ped my van	166 8 2 1 1 the
junan	and stanced	down and stop Le car 8738 Z here - In order	not to obser	en et vehi de fee
T. 0/1	and stopped and	was to the let	aid. 1 the	nad and
toppes	of there. No	van to the left one was inju	red, no pa	blic property
Jan at	lamaged-	7	/	- / /
	0			
When	1 spoke to to	is lady dever	Ms Ng, She	arrived me
why	1 go straight	. I told her &	he can't tue	n right. she
sard	the her the	night of way	to turn rig	41. Only wh
we b	with walted	to the junctiv	n to take	a coss (we
at the	e noad sign,	only ones so	e realiste	nor mistan
	-			
claration				
e declare the	e foregoing particulars are true	in every respect.		1
)	001-1-7			1.
1100	28/10/22	Sue	150	W 20/10/202
1	Parties of the same of the sam			10 1111 1111

vJun2022













