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.

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 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 21/11/2022 16:22 (SGT) Reported by Driver Date of Accident 19/11/2022 12:10 (SGT) Exact Location of Accident Singapore Additional Location Information UNITED SQUARE MSCP CAR PARK ENTRANCE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number GBL9670U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WONDERFUL CABLE ELECT ENT & MFG Company Reg No 41493600X Email Address PUBLIC.NEVER@GMAIL.COM Mobile Phone No (Phone) +65-85883008 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model N-VAN Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 658

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129511623

DRIVER

Name of Driver SOO PEH FUN NRIC No S8287294I Date Of Birth 17/12/1982 Occupation Indoor



Date Of Driving Pass 20/02/2016 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-85883008 Alt. Phone Number Email Address PUBLIC.NEVER@GMAIL.COM Address APT BLK 720 JURONG WEST AVENUE 5 #11-88 S 640720 Address complement Postcode 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 Collision - Change/cross lane Weather Conditions AFTER RAIN Road Surface Wet 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? Nο 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 THE ATTACHED 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 GBF3347U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

ZHU YANGMIN

G6790015X

Vehicle Category

Name of Driver

Passport No/FIN

Contact Number	(Phone) +65-96963451
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

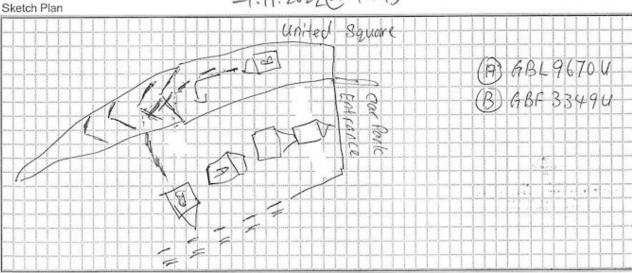
WONDERFUL CABLE
ELECTRICAL ENTERPRISES & MANUFACTURING

Policyholder's Stonature / Date & Time

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

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

21.11.2022@ 1245h



CACcident report SK0U22BL000I

vJun2022

Describe Circumstance of the Accident
On 19/11/22 (1210 HRS) I was travelling along United Squee open air corpork towards United Squee MSCP. I am queuing for my turn to enter the MSCP. Suddenly a long GBF 3349 U did not wait for troffice to clear, at across the Chevron Marking 8 turn without checking the rear. GBF 3349 U rear left collided anto my vehicle rear left causing damage to my vehicle rear left.

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

WONDERFUL CABLE
ELECTRICAL ENTERPRISES & MANUFACTURING
4454 BUNG BUILD NEST NIE 5
618-62 SINGAPPICE 651449

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

Actual Driver's Signature (if driver is not the policyholder)

(Name as in NRIC/ID card)

Jun2022

vJun2022

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