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 05/12/2022 20:54 (SGT) Reported by Driver Date of Accident 03/12/2022 22:30 (SGT) Exact Location of Accident Woodlands Ave 7, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1329D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WU FEI** NRIC No S6975170I Email Address wufei 789@hotmail.com Mobile Phone No (Phone) +65-81276139 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Scenic 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1461

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VP05030602

DRIVER

Name of Driver WU GUAN RU ANDREW NRIC No S9906695D Date Of Birth 04/03/1999 Occupation Indoor

Date Of Driving Pass 24/10/2019 Driving experience 3 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-92391328 Alt. Phone Number Email Address MYNAMEISANDREWWH@GMAIL.COM Address APT BLK 89 TANGLIN HALT ROAD Address complement #40-350 Postcode 141089 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 **HUANG JIAN HONG** Gender PASSENGER 2 Name MAGGIE Gender Female **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 THE SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number	PC2963C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	DHARMEHNDRAN A/L ARI KRISHNEN
Passport No/FIN	870908-56-5191
Contact Number	(Phone) +65-83607040
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

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- 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 w orkshop 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (ii) 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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

woodlands the

Gamin Ave

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE: JE 7 132	9 D ACCIDENT DATE & TIME:	3 Pec 2012, 2230H
CONTACT NUMBER: 973717	E-MAIL ADDRESS: Mynd	ame is andrewwho gumin com
	e7 before Gambos thre	07. 1
My while skt 13) Charge to the in un mit sear mit way with blinker lave halfray, su hard speed and and slot along the	et before Gambos the 90 we tookelling day woodlands to Not love before triving outs four	ne 7 I devoted to notes due I Checked from I + HUMED on ongo love I fler changes
OWN DAMAGE CLAIM	TE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FO UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY	
Please state:		
() Claim Own Policy	Claim Third Party () Claim OD/TP at other works	hop ()Reporting Only
Declaration We declare the foregoing particula	rs are true in every respect.	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Accident Date: 3 December 2022

Time: 2230H

Location: Along Woodlands Avenue 7, before Gambas Avenue

Involving: SKZ1329D (myself) and PC2963C

My vehicle SKZ1329D was travelling along Woodlands Avenue 7. I decided to change to the right lane before turning onto Gambas Avenue. I checked my right rear mirror and did not notice any traffic. I turned on my right blinker to signal my intention to change lane. After changing lane halfway, suddenly a bus (PC2963C) came from behind at high speed and collided into me. He contacted my rear wheel guard and slid along the right side of my car. The attached photographs demonstrate the extent of the damage.

Wu Guan Ru Andrew Driver of SKZ1329D

4 December 2022



























