SN0922CE0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/12/2022 17:24 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/12/2022 17:24 (SGT))

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 14/12/2022 17:24 (SGT) Reported by Date of Accident 12/12/2022 22:30 (SGT) Exact Location of Accident Singapore Additional Location Information Bulim Avenue towards Corporation Road Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJU8634P INSURED/POLICYHOLDER

Chevrolet

Is company? No Name Of Registered Owner Zaheerah Begum D/O Abdul Kader NRIC No SXXXX039A Fmail Address outlander.rooban@gmail.com Mobile Phone No (Phone) +65-97397230 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cruze 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 Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00246872200

DRIVER

Name of Driver Rooban S/O Yoganathan NRIC No SXXXX039A Date Of Birth 06/02/1991 Occupation Indoor

Date Of Driving Pass 05/06/2021 Driving experience 1 YEAR AND 6 MONTHS Gender Mobile Number (Phone) +65-97397230 Alt. Phone Number Email Address outlander.rooban@gmail.com Address Blk 206 Boon Lay Drive Address complement #14-45 Postcode 640206 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Cross Junction 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 Refer to the attached statement. 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 SFG5115L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver
Contact Number

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
- 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:

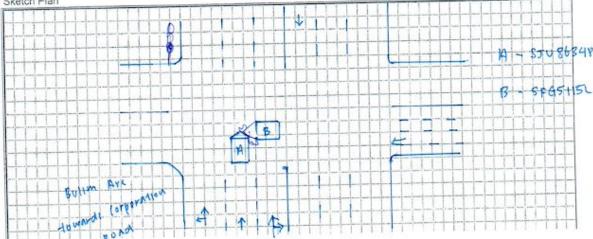
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.

Policyholder's Signature / Date & Time

sature (if driver is not the policyholder) / Date Drivers 5

14 112 12022 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident On 12/12/2222, I was Mationary along the junction of Bulling Arame towards Corporation Road working for the green light on the 2nd Lane. As the light turns green, I started to more torward. As I was morning the junction, I felt a great impact from my vehicle front right pertion. AS 1, 111 10 WM of my vehicle, I realised I was knocked by SFH5115L. Declaration I/We declare the foregoing particulars are true in every respect.

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

14/12/2022









