SN0922CC000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/12/2022 17:35 (SGT) SUBMITTED BY: AZRIL VERSION: 1 (12/12/2022 17:35 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

. Please report <u>correctly</u> the details of the accident to speed up the claims process. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 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.

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 Police for investigation.
 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

12/12/2022 17:35 (SGT)

11/12/2022 08:30 (SGT)

Singapore

BLK 233 TOA PAYOH LOR 8 LOT 51A

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMC4388K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

SOH WEI HUAT ALVIN

S8805578J

alvinsoh.era@gmail.com (Phone) +65-91188320

VEHICLE PARTICULARS

Manufacturer

Model

BMW 528i

Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Private use

No - Claiming third party

Private car

Auto 1997

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00137732201

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

SOH WEI HUAT ALVIN

S8805578J

19/02/1988

Outdoor



Date Of Driving Pass
Driving experience

Gender Mobile Number Alt. Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT- T/20221211/7003

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

13/12/2011

11 YEARS

(Phone) +65-91188320

alvinsoh.era@gmail.com

234 LORONG 8 TOA PAYOH

Male

03-284

Side Swipe

Clear

Dry

No

No

Yes

No

Yes

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

2

310234

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

YP1787B

-



Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	
Address complement	_
Postcode	94 7 9
Insurance Company Name	
Natura OCD	-
Details of property damaged in accident	-
No Of Donners and (Including Dia)	-
No. Of Passenger (including Driver)	1(2)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Bease 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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation 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
- 5 Any false reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre extablished 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 loagement 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)

Lunderstand, 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 law yers/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
- (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 kisurers 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 &

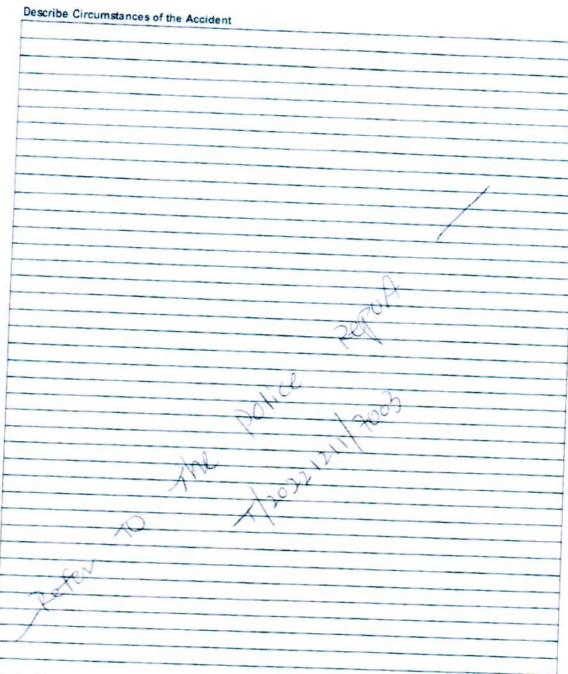
Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Ce

Sketch Plan

ugh A: SMUHBYEK AFAFI 97. B No.





Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel





Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No 65470000

2 of 3 Report No. T/20221211/7003

CONTINUATION OF REPORT

venicle No.	Insurance Company		ALCOHOLD TO			
SMC4388K	CHINA TAIPING INSURANCE		rance No	Effective	Expiry Date	
(SINGAPORE) PTE LTD		DMPCSNW001377 32201		01/07/2022	31/12/2023	
Details of Per	son involved					
Any Pedestriar	Involved No			Carlo Sales	Colors (Lancisco	
No. of Pedestri	ans Injured: NII	-				
venicle Owner		Use of F	e of Pedestrian Crossing, NA			
Name	SOH WEI HUAT, ALVIN			Thursday of the		
	In American		ID No	S8805578J		
Related Vehicle	SMC4388K (Car)	-	-	91188320		
			Contact No			
Hospital/Clinic NIL			Classic	_		
			Class of Driving	Date of Expire NII		
			Licence &			
Date	NIL		Expiry			
	ton Madi III	Date	NIL			
Driver	ited Medical Leave NIL	Degree o	f NIL			
Name	PANDIYAN BASKAR	AN EMPLOY			Street Street	
TAN BASKAR			ID No.	G2819430M		
Related Vehicle YP1787B (Lorry)						
			Contact No.	94659956		
Hospital/Clinic NIL						
			Class of	Class: 3		
			Driving Licence &	Date of Expiry		
ate			Expiry	20/01/2025		
	NIL	Date	NIL			
of Days granted Medical Leave NIL		-	Degree of NIL			

Brief Details

My vehicle (SMC4388K) was parked in the parking lot in front of Bik 234 Lorong 8 Toa Payon, Singapore

Accident happened in the car park where my vehicle was (stationed) parked The Lorry (YP1787B) Driver called me to inform me about the collision at 8.35am

My Vehicle was parked and the collision happened when the lorry driver is moving out from the parking lot while making a left turn and it hits onto my car's front right resulted in badly damaged, the force is too great that it forces my steering to turn towards left side, photos are available