SS2E231H0005 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 17/01/2023 17:00 (SGT)
SUBMITTED BY: Wong Kee Hyuk
VERSION: 1 (17/01/2023 17:00 (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 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 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	17/01/2023 17:00 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 12:30 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	carpark number 38, 39 (Ang Mo Kio)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU5376D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tay Choon Geok
NRIC No	S8222736I
Email Address	shengchang1982@gmail.com
Mobile Phone No	(Phone) +65-92332556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00136012201

DRIVER

Name of Driver	Lee Sheng Chang
NRIC No	S8234128E
Date Of Birth	14/10/1982
Occupation	Indoor

Date Of Driving Pass	22/12/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82332556
Alt. Phone Number	-
Email Address	shengchang1982@gmail.com
Address	Blk 164A #12-290 Rivervale Crescent
Address complement	-
Postcode	541164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video with driver.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9651L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Tan Kim Huat

NRIC No	S0208451A
Contact Number	(Phone) +65-97598893
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 extent of the claims involved.
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 reportings may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Reports 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 advisers and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or disclose my personal data/personal information set out in this Form, and of a other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident (all insurers who have insured vehicle(s) involved in the 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 assessment 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me on the envelope or outside cover of an envelope/mail package(s)); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims

(collectively the "**Purposes**");

(b) all Insurers who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may be permitted or obliged to use, disclose and/or process my Personal Information for one or more of the above Purposes; and

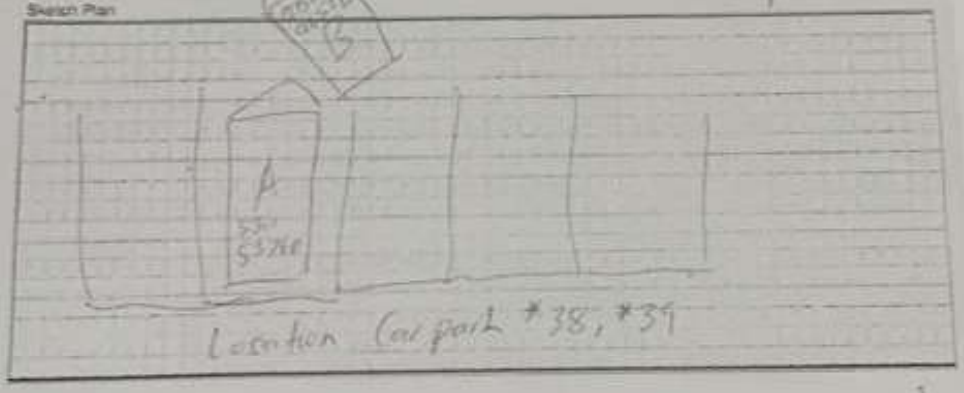
(c) my Personal Information may from be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Tan — Policyholder's Signature / Date & Time

Sgt 4 — Driver's Signature (if driver is not the policyholder) / Date

1/ — (to be filled in by Reporting Centre Personnel) Name as in NRIC/ID card

Sketch Plan



Describe Circumstance of the Accident

On [illegible]/2025, at 12.30pm, I parked my vehicle A at AMK 409 carpark (carpark number #38, #39. Vehicle B ~~[illegible]~~ reversed and hit onto my vehicle. It caused damages to my vehicle A.

Declaration

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

[signature]	[signature]	[signature]
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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