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 09/01/2023 11:11 (SGT) Reported by Date of Accident 08/01/2023 12:30 (SGT) Exact Location of Accident Near 42 Lor 23 Geylang, Singapore 388374 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number **SLL2565T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHERIDE Company Reg No 53350974B **Email Address** RONALDLIMCAIBAO@HOTMAIL.COM Mobile Phone No (Phone) +65-94505771 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Private hire Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5118386838-02

DRIVER

Name of Driver LIM SENG HAY NRIC No S1252478A Date Of Birth 02/11/1957 Occupation Outdoor

Date Of Driving Pass 30/09/1976 Driving experience 46 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91005881 Alt. Phone Number Email Address LIMSENGHAY@HOTMAIL.COM Address 235 PASIR RIS RIS STREET 21 #11-63 Address complement Postcode 510235 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Chain Collision 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 ON THE STATED DATE AND TIME, I WAS DDRIVING ALONG SIMS AVENUE. AS THE TRAFFIC LIGHT TURNS RED, I APPLIED BRAKE AND STATIONARY AT THE TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACTAND REALIZE VEHICLE B (SMQ4881D) HAD HIT ONTO THE REAR OF MY VEHICLE. THE IMPACT HAD CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE REAR OF VEHICLE C (SNF9148B). THERE WERE NO INJURIES. ATTACHMENT(S) Are accident photos available for attachment? Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF9148B
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private hire

Name of Driver NRIC No	MOHAMED ISBAHALLAH BIN DARIAN S1708549B
Contact Number	(Phone) +65-82228365
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ4881D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG JING XUAN
NRIC No	T0034973E
Contact Number	(Phone) +65-96431335
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B SMQ4881D
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- 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:

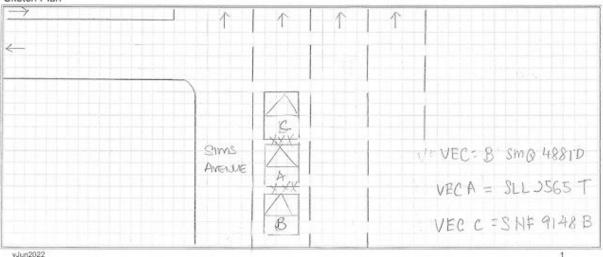
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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.

Policyholder's Signature / 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)

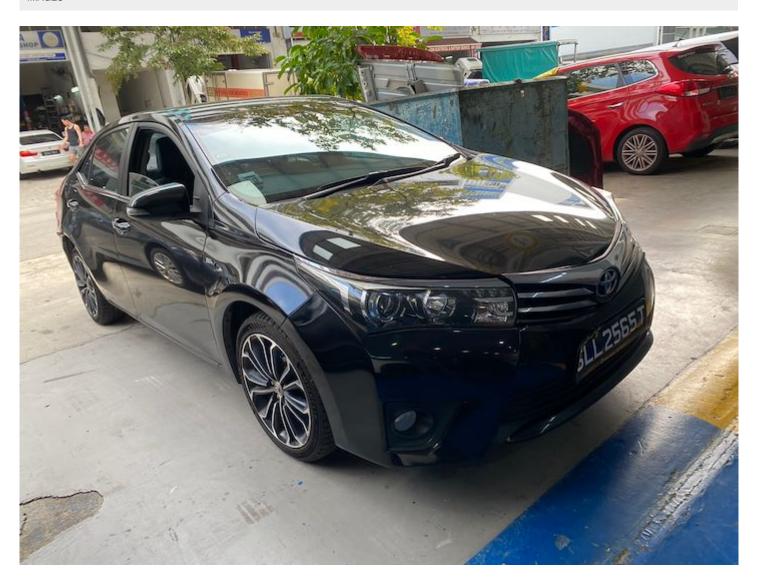
Sketch Plan



REFER TO GIA REPORT	
us had been advised by workshop that in the agent that you	Reporting Only
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a	
ourteen (14) days clause whereby the claim must be made	Claim TP
within the stipulated time-frame from the day of occurrence.	Claim OD/TP at other workshop

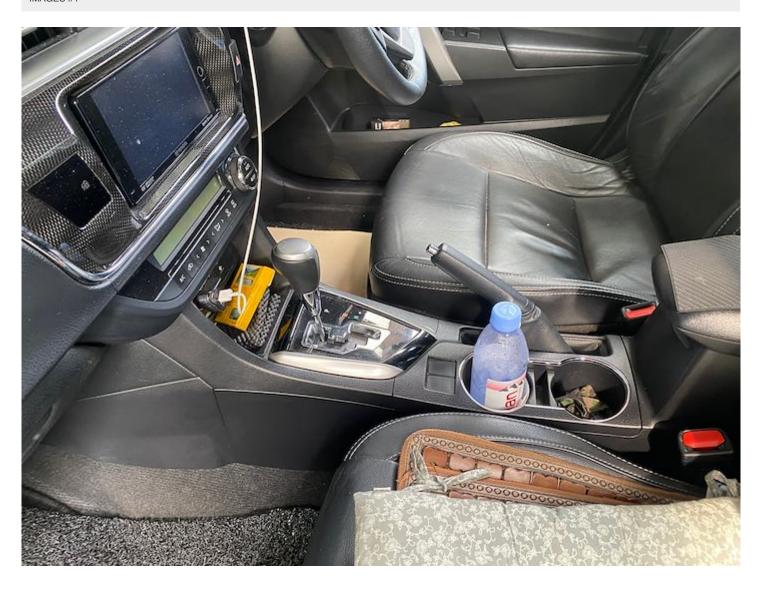
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SHOH 23190003 Vehicle Registration No: SLL 25657 Name (as shown in NRIC): LIM SENG HAY NRIC/FIN/Passport No: \$ 10 52 4 78 A (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 235 Pasir Ris 5721 #11-63 Singapore (510235) Contact (Tel): 9(00 588) Mobile No.: Email Address: Llm SBAG HAT @ HOTMAIL . (OM Date of Accident: 8/1/2003 Time of Accident: 10:30 p~ Place of Accident: Near 42 10x 23 Geylang (4) 388374 Insurance Company: Income Insurance Limited. (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: the Sketch Plan Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: Princle thee her You Date: NRIC/FIN No .: 66971531B Date:

CAccident report SH0H23190003

GIARMC Addendum Form

9/1/23.