

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 Authorised 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.

 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 30/03/2022 15:03 (SGT) Date of Accident 29/03/2022 16:23 (SGT) Exact Location of Accident Namly View, Singapore Additional Location Information NAMLY VIEW TOWARDS NAMLY AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7914L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANSFERING SERVICES Company Reg No 53411088J Email Address 18KHAIRULNIZAMALI@GMAIL.COM Mobile Phone No (Phone) +65-96686910 Alternative Phone No +65-96686910

VEHICLE PARTICULARS

Toyota Model Hiace Variant **COMMUTER GL 2.8 AUTO** 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? No - Reporting only Vehicle Category Goods vehicle Transmission Auto 2754

Manufacturer

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMB1SW00017002100 Cover Note Number

DRIVER

Name of Driver TNG HUI TING NRIC No. S8904502

Date Of Birth Occupation Date Of Driving Pass Driving experience	11/02/1989 Outdoor 22/12/2017 4 YEARS AND 3 MONTHS
Gender Mobile Number Alt. Phone Number	Female (Phone) +65-90170524
Email Address Address Address complement Postcode Is the driver the policyholder?	TNGHT2001@HOTMAIL.COM.SG APT BLK 511 JURONG WEST STREET 52 #03-68 - 640511 No
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	Employee No - -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Raining Wet
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?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON 29/3/2022, AT ABOUT 1623. I WAS ABOUT TO TURN RIGHT SAW MY VECHILE AND AT THAT MOMENT I COULDN'T STOP I	, SUDDENLY VEHICLE B WENT BY INFRONT OF ME. VEHICLE B IN TIME. I HIT VEHCILE B LEFT PORTION.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Makiala Daniatustian Namahan	

Vehicle Registration Number	SMG3212U
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	=
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	GOH AH HUA
NRIC No	S7267583E
Contact Number	(Phone) +65-91391908

Address	 	 	 	 	_
Address complement					_
Postcode	 	 	 		_
Insurance Company Name	 	 	 	 	_
Nature Of Damage	 	 	 	 	_
Details of property damaged in accident	 	 	 	 	_
No. Of Passenger (Including Driver)					_

SKETCH PLAN

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- 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature U

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

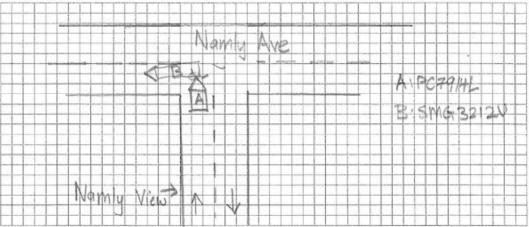
Date & Time: 30 Mar 1150 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN



ON 29	13/202	ZIAT	BOU	T 162	3. I	w	35 a	bout	to	turn	right	sud	enly	vehic	e B	we	nt by	infron	+ 0	f me
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DECLARATION ing particulars are true in every respect.

Policyhol Date & Time:

GIARMC SketchPlanForm_V3

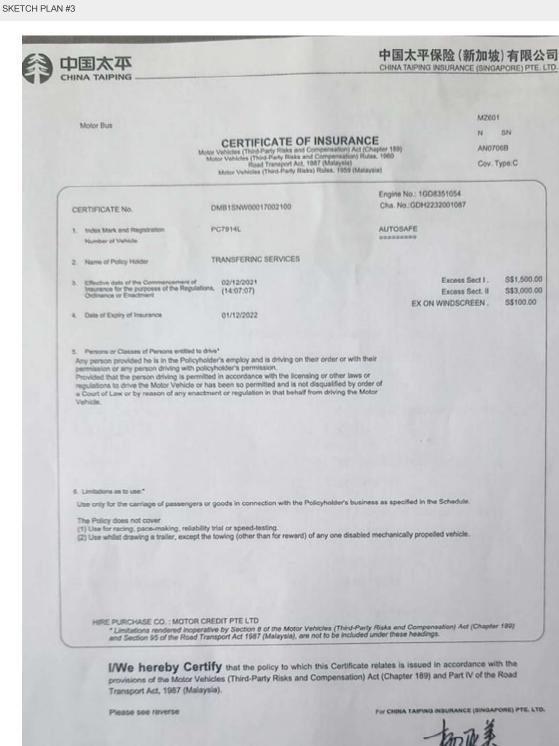
Driver's Signature

(If driver is not the policyholder)

Date & Time: 30 May 1150 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Q63896111

@6222 1033

Accident report SA1A223U0002

Issued By: HON BROTHERS PTE LTD. **Authorised Officer**

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 費3 Anson Road #16-00 Springleaf Tower Singapore 079909

www.sg.cntaiping.com















