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.

- 4. The issue and acceptance of this is form by instrained 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 20/02/2023 18:13 (SGT) Reported by Date of Accident 18/02/2023 23:30 (SGT) Exact Location of Accident Singapore Additional Location Information **CHUAN DRIVE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

No - Claiming third party

Vehicle Registration Number SNB3471C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AGNES TAN HUI TING NRIC No SXXXX840G Email Address agnestht89@gmail.com Mobile Phone No (Phone) +65-98395055 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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 Private car Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00257822201

DRIVER

Name of Driver **WONG XIANWEI** NRIC No SXXXX935E Date Of Birth 28/11/1990 Occupation Indoor

Date Of Driving Pass 19/11/2010 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91516336 Alt. Phone Number Email Address agnestht89@gmail.com Address 23 BROCKHAMPTON DRIVE Address complement Postcode 559072 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 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 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? Nο 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 PLEASE REFER TO THE ATTACHED STATEMENT 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 WITH OWNER AND FILE TOO BIG **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNF3787X

 Vehicle Registration Number
 SNF3787X

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LEE CHEE KOON (LI ZHIQIN)



| NRIC No | SXXXX460A |
|---|----------------------|
| Contact Number | (Phone) +65-83721591 |
| Address | <u>-</u> |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |

SKETCH PLAN

IMPORTAL NOTICE

- 1. Pleas deport correctly the details of the addicent to speed up the claims process.
- 2. This F-tm 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
- 4. The issise and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any alse 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 Singespre (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the liggement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Conservation the Personal Data Protection Act (PDPA)

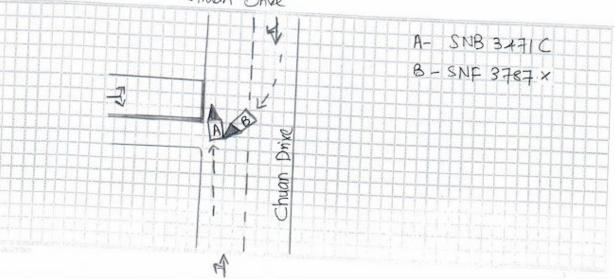
(a) My Institut, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, displace and/or proxess my personal data/personal information set out in this [form] and any other personal information provided by me or

(i) processing, handling englor dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (v), complying with applicable law in administrating, processing, handling and/or dealing with my pisine.
- use, discress and/or process my Personal Information for one or more of the acovs Purposes; and
- (a) my Personal information may/can be disclosed by any of the insurers and/or G/A to their third-party service providers or agents (including their lawyershaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Actual Orivers Signature (if driver is not the

Chuan Drive



| namow as - vay to ver y left so he hit mu he to make | bove Stated date and time, lune transition it was a two way lane and the road here were cars parked along the road ricle B to turn into chucin view which is stopped at the side of the road, But side Right rear partial of my vehicle a claim required vehicle B (SNF 376 | was a liffle I gave h was on if as he turns b. I would |
|--|---|--|
| | | |
| | | |
| | | |
| | | |
| | | × × |
| | | |
| | | |
| | | |
| | | |
| | | |
| ration eclare the foregoing par | iculars are true in every respect. | |

















