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 16/02/2023 15:07 (SGT) Reported by Driver Date of Accident 16/02/2023 09:55 (SGT) Exact Location of Accident 160 Bedok South Ave 3, Block 160, Singapore 460160 Additional Location Information 160 BEDOK SOUTH AVE 3 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

1400

Vehicle Registration Number SNC7531G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH JENNY NRIC No S7511779E Email Address WLAIKF66@GMAIL.COM Mobile Phone No (Phone) +65-81392242 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Golf 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5124749663

DRIVER

CC

Name of Driver LAI KONG FAI NRIC No S1734240A Date Of Birth 08/08/1966 Occupation Indoor

Date Of Driving Pass 12/03/1988 Driving experience 34 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81392242 Alt. Phone Number Email Address WLAIKF66@GMAIL.COM Address 20 BEDOK SOUTH ROAD Address complement 04-35 Postcode 460020 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? 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 PLEASE REFER TO SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKZ9670P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver
Contact Number

Address	 		-
Address complement		 	_
Postcode	 		_
nsurance 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 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 sability on the part of the insurance companies
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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 ladgement 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 afcresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

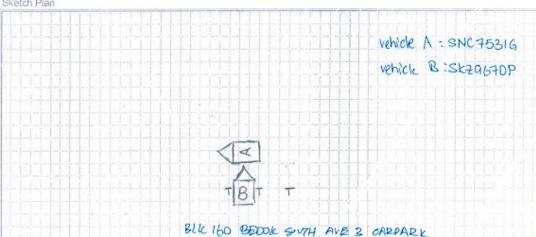
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect. J.e. disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 Singaporo 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 nevissary investigations relating to the claims;
- (ii) investigating the accident and/or my daims;
- (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, involces, 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 daims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitter, 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 provides or agents (including their lawyers/law firms), which may be alted outside of Singapore, for one or more of the above Purpose

Policyholder's Sig ve / Date & Time

Nicyholder) / Date Driver's Signature (

Virinessed by Reporting Centre Personnel

Sketch Plan



At the stated date and time, I was travelling straight in parking					
the caspanc.	Suddenly, we hitche	B came out of the lo	t and collided		
onto the lef	t portion of my we	iticle.			
		pi,			

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

Witnessed by Reporting Centre Personnel (Name as in NRICSC card)

