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 06/03/2023 16:01 (SGT) Reported by Date of Accident 04/03/2023 22:20 (SGT) Exact Location of Accident Clementi Rd, Singapore Additional Location Information JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH7631Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DYNAMIC CAR RENTAL Company Reg No 5XXXX467K Email Address jasonkcapl@gmail.com Mobile Phone No (Phone) +65-67465405 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio 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 Commercial vehicle Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00019032202

DRIVER

Name of Driver GURDEEP KAUR D/O BANTA SINGH NRIC No SXXXX570B Date Of Birth 04/02/1970 Occupation Indoor

Date Of Driving Pass 13/11/2003 Driving experience 19 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-90073932 Alt. Phone Number Email Address jasonkcapl@gmail.com Address BLK 110 MCNAIR ROAD #03-257 Address complement Postcode 320110 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear Weather Conditions AFTER RAIN Road Surface Wet 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 PASSENGER 1 Name KALWAN SINGH Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 **SLT2230S**

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

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Private car
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Direct Asia Insurance (Singapore) Pte Ltd
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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withheating of material facts may allow insurance compunies to regudiate 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
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- 6. The report will be forwarded by the insurers of the GIA Records Management Contre established by the General Insurence 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
- 0. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 moder 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 faw, the Monelary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

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

(ii) investigating the accident and/or my claims;

(ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(w) 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 envolopes/mail

(v) complying with applicable lew 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 law yers/low firms, may/are permitted to collect. use, disclose and/or process my Fersonal 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 purty service providers or agents

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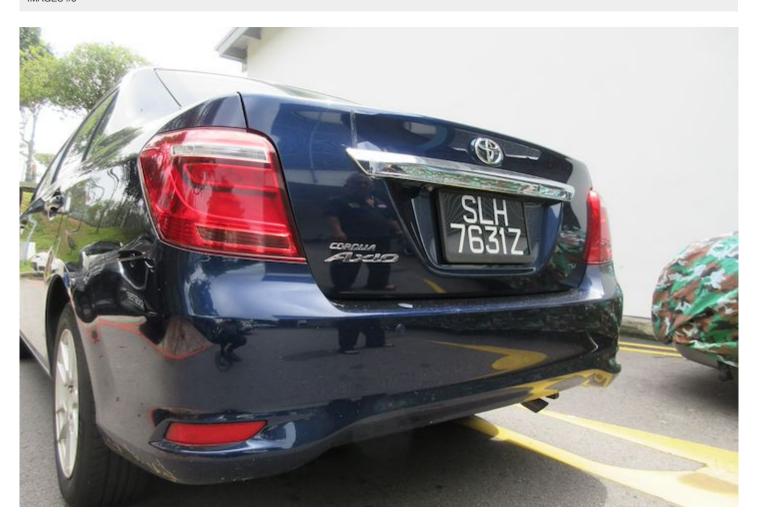




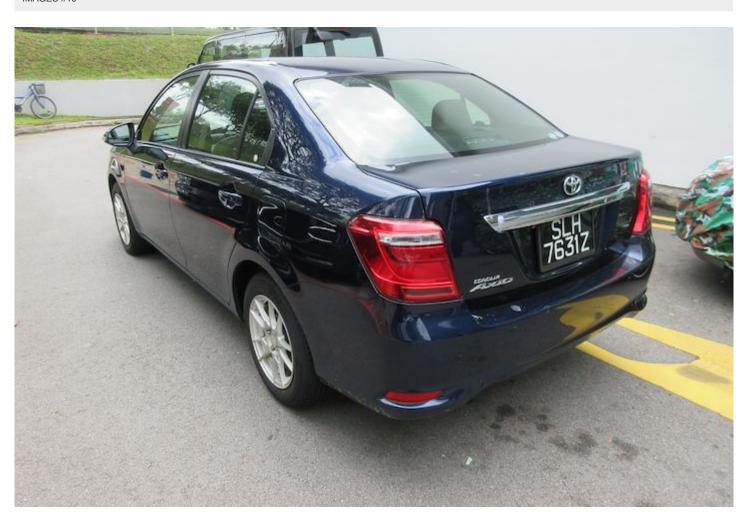




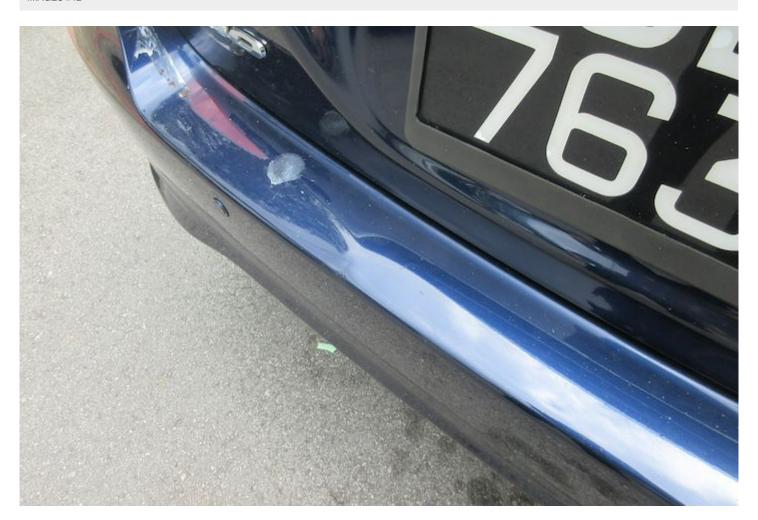




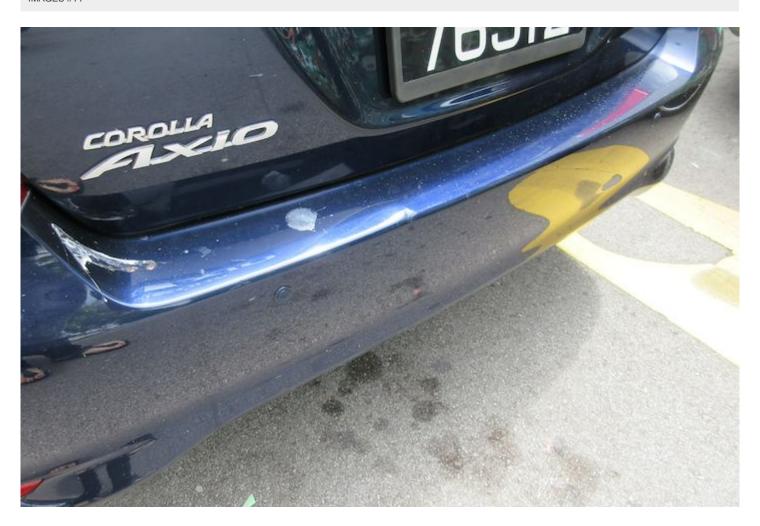


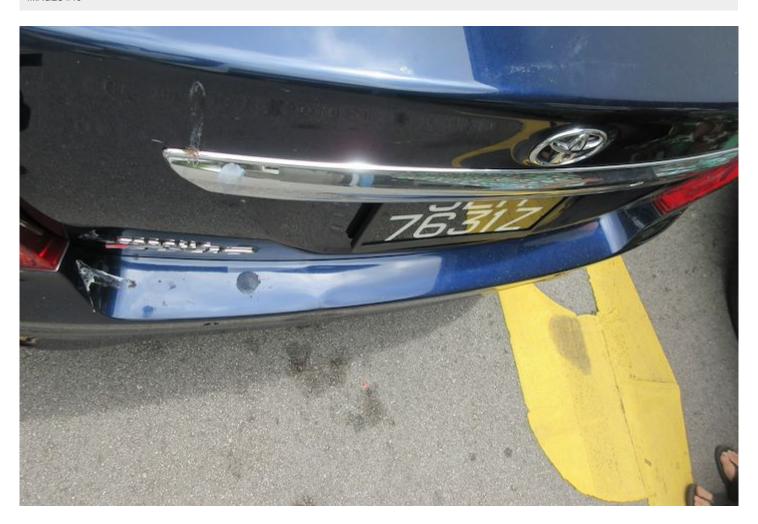












Dynamic Car Rental

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

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