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 20/03/2023 14:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/03/2023 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information **EUNOS AVENUE 7 LOT NO.248** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLC3722Y**

Mercedes

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM CHONG TEE NRIC No SXXXX649A Email Address helen48@singnet.com.sg Mobile Phone No (Phone) +65-90126966 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E200 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 CC 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00232452203

DRIVER

Name of Driver LIM CHONG TEE NRIC No SXXXX649A Date Of Birth 25/10/1948 Occupation Indoor

Date Of Driving Pass 02/11/1967 Driving experience 55 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90126966 Alt. Phone Number Email Address helen48@singnet.com.sg Address APT BLK 7 BOON KENG ROAD Address complement # 30-134 Postcode 330007 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collided into Parked Vehicle 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 THE ATTACHED STATEMENT 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 GBH540U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

(Phone) +65-82825121

Vehicle Category

Name of Driver
Contact Number

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

SKETCH PLAN

IMPORT NOTICE

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- 7. By the ligament of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report bing made available aforesaid.
- 8. Consert finier the Personal Data Protection Act (PDPA)

I umderstat atknowledge, agree and consent that:

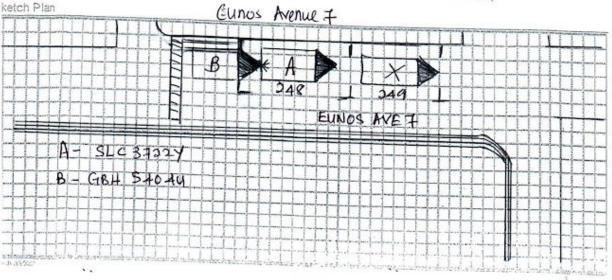
- (a) My Ins 12 Filmy workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or processmy personal data/personal information set out in this [form] and any other personal information provided by me or possessed Amy insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively Tared to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government kency/authority (such as the police), for the purpose(s) of:
- (i) processins thendling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigs Tig the accident and/or my claims;
- (iii) carrying Oxand/or dealing with my instructions or responding to any enquiries by ma;
- (iv) administ eng my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of stain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall
- (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 addor process my Personal Information for one or more of the above Purposes; and
- (c) my Person of Information may can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents Including the it lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

20/3/23

olicyholder's Signature / Data & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

(Name as in NRIC/ID card)



My vehicle was pureled along Gunos Avenue 7 at bot 248 on the above started dayle and firme. It was pureled Infront of my office unit No. 01-127. I heard a loud beinging noise, so I went out to check and I saw a van hit to my rear portion of my vehicle but there was no driver in the vehicle. But there was no driver in the vehicle. Beclaration We become the foregoing particulars are true in every respect. But 24/3/13 Actual Divers Signature of cover no to a widor costs of vehicles and a foregoing later in the control as a vehicle with th	
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