SC1E233I0003 / Charn's CustomCraft ENTRY DATE & TIME: 18/03/2023 12:58 (SGT) SUBMITTED BY: Ling Xiao Jing VERSION: 1 (18/03/2023 12:58 (SGT))



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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 18/03/2023 12:58 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/03/2023 16:40 (SGT) Exact Location of Accident Singapore AYE TOWARDS CITY, BETWEEN PARTSDOWN EXIT AND Additional Location Information ALEXANDRA EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY8208B

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner LIN TONG LI ESCAMILLO NRIC No S7636935F Email Address MILOLIN@GMAIL.COM Mobile Phone No (Phone) +65-96665636 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 325i Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2497

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00688144/03

DRIVER

Name of Driver LIN TONG LI ESCAMILLO NRIC No S7636935F Date Of Birth 06/11/1976

Occupation Indoor Date Of Driving Pass 02/05/1997 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96665636 Alt. Phone Number Email Address MILOLIN@GMAIL.COM Address 65 VICTORIA PARK GROVE Address complement Postcode 266148 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 Collision - Head to Rear 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO 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 SNB9854S Vehicle Manufacturer Hyundai

Elantra

Private car

NG TZE CHONG

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number Address	(Phone) +65-97873515 -
Address complement Postcode	-
Insurance Company Name Nature Of Damage	Auto & General Insurance (Singapore) Pte. Limited.
Details of property damaged in accident No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SGY \$208 B DATE OF ACCIDENT: 17 Mac 2023

440PM

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My Insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore 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 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;

& Time

- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

19 Mar 2023 Ham

18 March Ham

Policyholder's Signature / Date &

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

Witnessed by Reporting Gentre Personnel

Sketch Plan

and oncomptances of the	ne Accident VEHICLE NO: S	GY8208B	4400
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Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

18 March 2013 Ilam

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

18 May 2023 Hay

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Time













