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 10/03/2023 00:09 (SGT) Reported by Driver Date of Accident 09/03/2023 08:25 (SGT) Exact Location of Accident Near Nuh, Singapore Additional Location Information LOWER KENT RIDGE ROAD NEAR NUH MAIN BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SJK2900M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO SU LIN NRIC No S6810544G Email Address red2indigo@gmail.com Mobile Phone No (Phone) +65-97662282 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant SEDAN 1.5 AT LED EU6 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 1496

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11383459

DRIVER

Name of Driver CHEW ZHI REN DAVID NRIC No S9537737H Date Of Birth 21/10/1995 Occupation Indoor

Date Of Driving Pass 28/10/2020 Driving experience 2 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-92283644 Alt. Phone Number Email Address red2indigo@gmail.com Address Riverbank @ Fernvale, 17 Fernvale Close. Address complement #09-33 Postcode 797478 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 09/03/2023 AT ABOUT 0825HOURS, I WAS TRAVELLING ALONG LOWER KENT RIDGE ROAD TOWARDS MY LOCATION. WHEN I CHECKED THE ROUNDABOUT WAS CLEAR, I STARTED TO TURN INTO THE ROUNDABOUT. VEHICLE B ON MY LEFT CUT INTO MY LANE ON THE ROUNDABOUT INSTEAD OF TURNING AROUND THE. BEND, I SLOWED DOWN TO A STOP IN THE MIDDLE OF THE ROUNDABOUT BUT VEHICLE B CONTINUED MOVING STRAIGHT AND THE RIGHT SIDE OF VEHICLE B NEAR THE REAR COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE WHILE HE CUTTING INTO MY LANE. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Vehicle Registration Number PD487T
Vehicle Manufacturer Zhongtong
Vehicle Model ELECTRIC LCK6126EVG AUTO
Vehicle Variant Vehicle Colour -



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Category	Bus
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

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 Authorised Driver.
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- 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.
- 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.
- 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, 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) 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 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;
- (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.

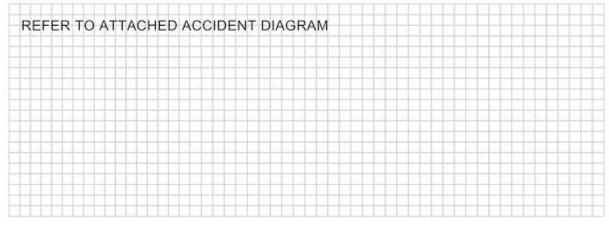
Driver's Signature (If driver is not the policyholder) / Date & Time 9/3/2023

Witnessed By Reporting Officer Wong Jun Keat

Witnessed by Reporting Centre Personnel

Sketch Plan

Policyholder's Signature / Date &



Describe Circumstances of the Accident

ON 09/03/2023 AT ABOUT 0825HOURS, I WAS TRAVELLING ALONG LOWER KENT RIDGE ROAD TOWARDS MY LOCATION. WHEN I CHECKED THE ROUNDABOUT WAS CLEAR, I STARTED TO TURN INTO THE ROUNDABOUT. VEHICLE B ON MY LEFT CUT INTO MY LANE ON THE ROUNDABOUT INSTEAD OF TURNING AROUND THE. BEND, I SLOWED DOWN TO A STOP IN THE MIDDLE OF THE ROUNDABOUT BUT VEHICLE B CONTINUED MOVING STRAIGHT AND THE RIGHT SIDE OF VEHICLE B NEAR THE REAR COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE WHILE HE CUTTING INTO MY LANE.

Declaration

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

2

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 9/3/2023 Witnessed By Reporting Officer Wong Jun Keat

Witnessed by Reporting Centre Personnel







