SA18233T0006 / Abwin Service Pte Ltd ENTRY DATE & TIME: 29/03/2023 16:35 (SGT) SUBMITTED BY: Claims VERSION: 1 (29/03/2023 16:35 (SGT))

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 29/03/2023 16:35 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/03/2023 08:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number **SLP8472S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEW PANG BOK (ZHOU BANGMU) NRIC No S7143179G Fmail Address VINCENTCHEW99@GMAIL.COM Mobile Phone No (Phone) +65-98301371 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Transmission CC

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5092468020-05

DRIVER

Name of Driver CHEW PANG BOK (ZHOU BANGMU) NRIC No S7143179G Date Of Birth 30/11/1971 Occupation Indoor

Date Of Driving Pass 03/11/2000 Driving experience 22 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98301371 Alt. Phone Number Email Address VINCENTCHEW99@GMAIL.COM Address 159 TAMPINES STREET 12 Address complement 05-101 Postcode 521159 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 Chain Collision Weather Conditions Raining 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? 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 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 SLP183D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMW4263G
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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

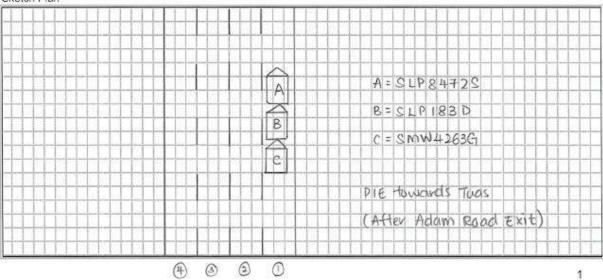
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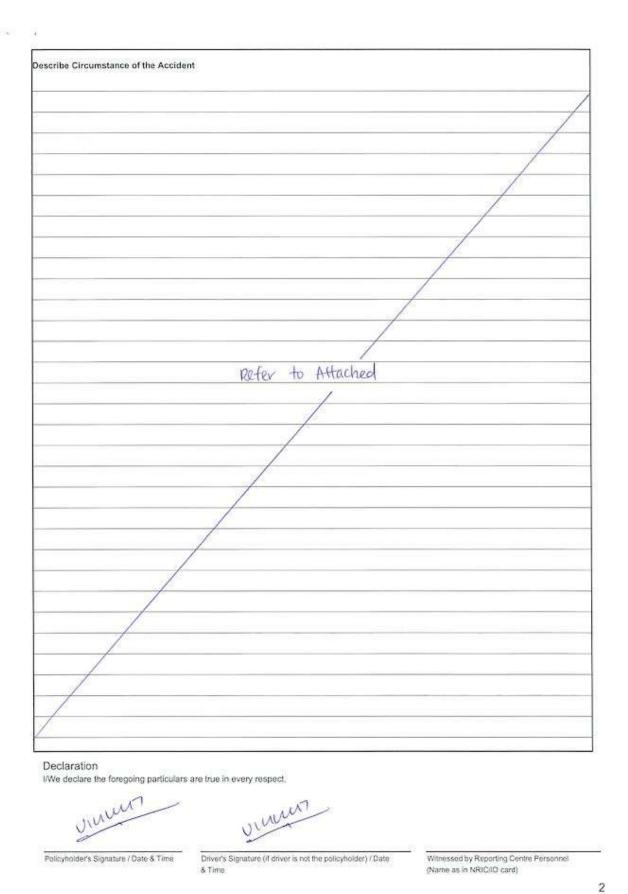
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan





On 21.03.2023 at about 08:10 hours, I was travelling straight on lane 1 along PIE towards Tuas (After Adam Road Exit) and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. After I came down from my vehicle (A), I then realised I involved in a chain collision of total of 3 vehicles. I was the first car, followed by SLP183D and the last car was SMW4263G.

I wish to state that the accident happened on 21.03.2023, however I was infected Covid-19 positive on 22.03.2023. Only today (29.03.2023) I was recovered from Covid-19, hence I am lodging the accident report today.

VIUMAT

Vehicle (A): SLP 8472S

Vehicle (B): SLP 183D

Vehicle (C): SMW 4263G

