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 10/04/2023 16:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/04/2023 20:30 (SGT) Exact Location of Accident Singapore Additional Location Information HAVELOCK ROAD TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private hire

Auto

1598

Vehicle Registration Number SLV4789Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEW CHEE TAT (ZHOU ZHIDA) NRIC No SXXXX188G Email Address sam.chew@rocketmail.com Mobile Phone No (Phone) +65-97629286 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00006142200

DRIVER

Name of Driver CHEW CHEE TAT (ZHOU ZHIDA) NRIC No SXXXX188G Date Of Birth 09/08/1975 Occupation Outdoor



Date Of Driving Pass 21/05/2003 Driving experience 19 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97629286 Alt. Phone Number Email Address sam.chew@rocketmail.com Address APT BLK 291 TAMPINES STREET 22 Address complement # 10-424 Postcode 520291 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 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? Yes 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 PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1759H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OOI WOON HEONG

NRIC No	SXXXX798G
Contact Number	(Phone) +65-82330081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CHEW CHEE TAT (ZHOU ZHIDA) Male
Phone No	(Phone) +65-97629286
Address	APT BLK 291 TAMPINES STREET 22
Address Complement	# 10-424
Post Code	520291
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLV4789Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

1.

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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 agencylauthority (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 making 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/low firms), which may be sited outside of Singapore, for one or more of the above Purposes.

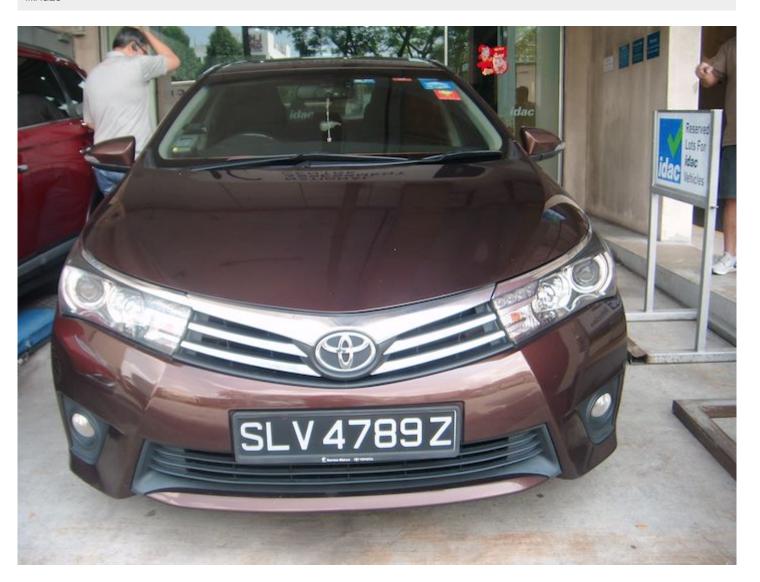
Policy pilers Signature / Date & Time

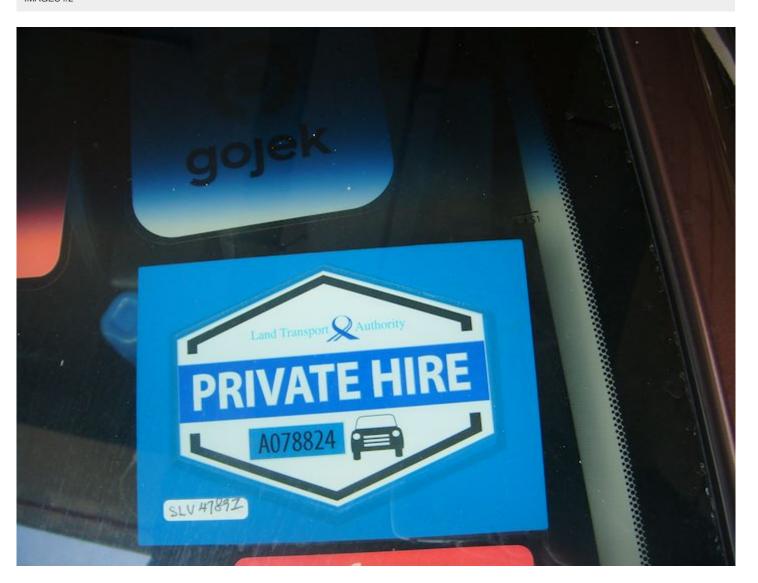
Oriver's Signature (if driver is not the policyholder) / Date

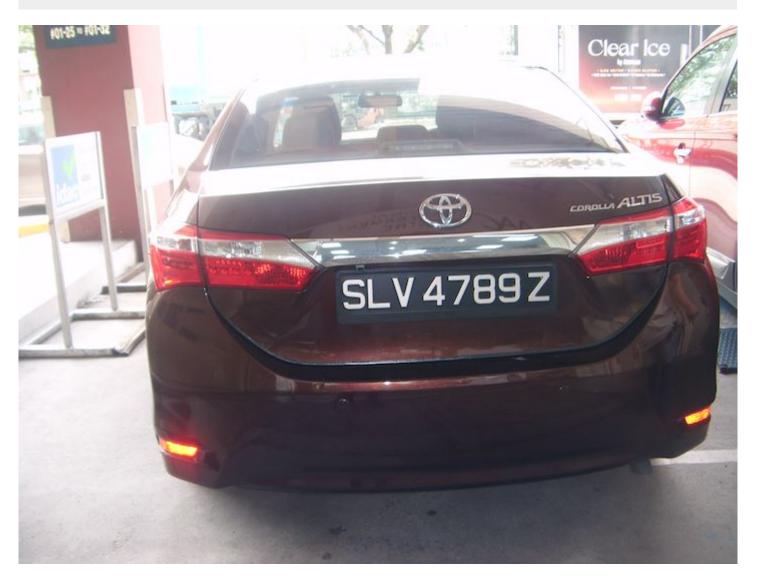
Witnessed by Reporting Centre Personnel (Name as in NACO)D card)

1.5.

escribe Circumstance of the Accider	nt				
1 was travelle	ing Straig	ht along	Haveloo	k touch	dawords
City. The vehicle	in from	nd f n	ne slow	down o	nd Stay
	Suit to				willow
any contact. Out				impact from	
reliable rear portion	n. When	1 get	down, 1	Jan Ve	hille
B) collided ony	b nu.				
eclaration We declare the foregoing particulars are	true in every respect.				
1.1	Melo				
(1) 11 /					





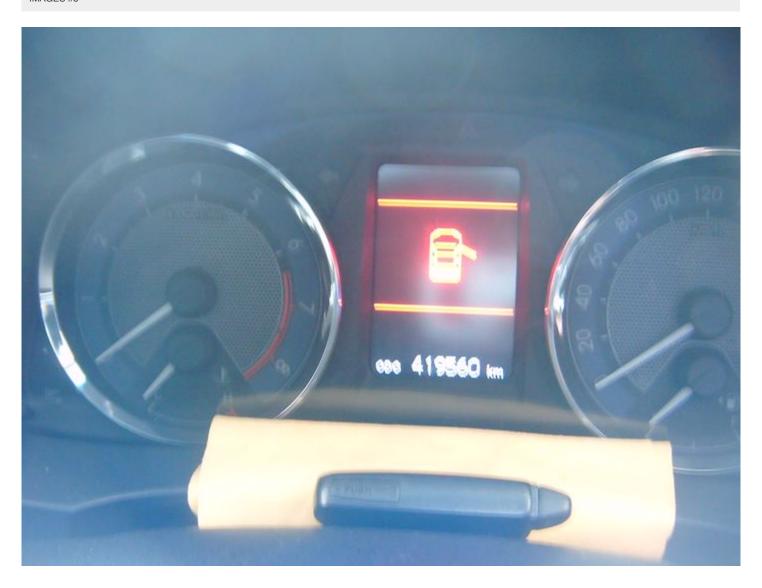




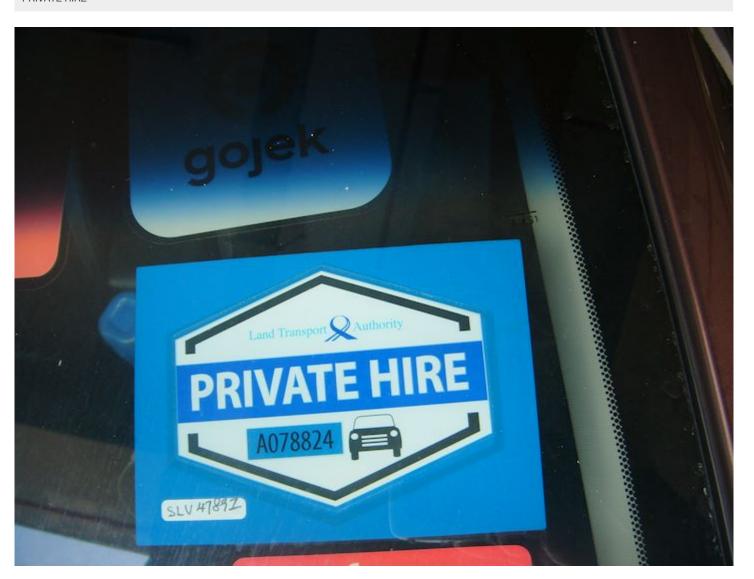














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	P ARTICULARS OF PERSON MAKING THE AMENDMENTS:
	o riginal Report No: SN09 234A 000B Vehicle Registration No: SLV 4789Z
	N ame (as shown in NRIC): Chew Chee 7at NRIC/FIN/Passport No: S7524/886 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
	Acidress: APT Blk 291 Tampines Street 22 # 10-424 Singapore (52029)
	Ernail Address: Sam. Chew O rockefmeil.com
	Date of Accident: 08/04/2023 Time of Accident: 20:30
	In surance Company: Chirer Tuiping
(B)	ACCITIONAL INFORMATION /AMENDMENTS:
-	I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Amend Vihicle Caregory - Private Hire Amend exact purpose for which vehicle was being used at time of accident - Private Hire - upload private Hire Lag.

Policyholder / Actual Driver's Signature

Inmall 11/4/2023

Reporting Centre Personnel's Signature

Name (as in NRIC/ID card):

Date: