SA18234E0005 / Abwin Service Pte Ltd ENTRY DATE & TIME: 14/04/2023 15:56 (SGT) SUBMITTED BY: Claims

VERSION: 1 (14/04/2023 15:56 (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 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 14/04/2023 15:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/04/2023 09:00 (SGT) Exact Location of Accident Tampines Ave 5, Singapore Additional Location Information TAMPINES AVENUE 5 TOWARDS TAMPINES AVENUE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8474S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN EU SIANG @ NG EU SIANG NRIC No SXXXX360D Email Address QUEKPS@CMKS.COM.SG Mobile Phone No (Phone) +65-91860520 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota Model Coaster Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus Transmission Manual 4000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129233606-000004

DRIVER

Name of Driver SEET TOH CHIN CHOON NRIC No SXXXX427J Date Of Birth 08/03/1972 Occupation Outdoor

Date Of Driving Pass	25/09/1998
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83218686
Alt. Phone Number	-
Email Address	QUEKPS@CMKS.COM.SG
Address complement	BLK 52 CHAI CHEE STREET #09-330
Address complement Postcode	1646
Is the driver the policyholder?	1646 No.
If No, Relationship of the Driver with the Insured	No Employee
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	2
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)	1
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?	NI.
Was notice of intended Prosecution given?	No No
If yes, against whom?	No
ii yes, against whom:	•
CIRCUMSTANCES OF ACCIDENT	
ON 14.04.2023 AT ABOUT 09:00 HOURS ALONG TAMPINES AVENUE 5 TOWARDS TAMPINES AVENUE 4, I WAS STATIONERY ON LANE 2 AT THE ABOVE MENTIONED LOCATION AND SUDDENLY I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND.	
WHEN I ALIGHTED, I THEN REALISED IT WAS VEHICLE (B) TH	AT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A).
VEHICLE (A): CB8474S	
VEHICLE (B): SHB5961M	
ATTACHMENT(S)	
Are conident photos quallable for attaches	V
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
_ DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	SHB5961M
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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>reputiate policy liability</u>.
- 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 agency/authority (such as the police), for the purpose(e) of:

- (i) processing, hendling 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 daims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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, maylare permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

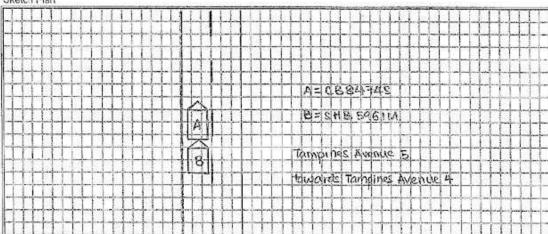
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signatore / Date & Time

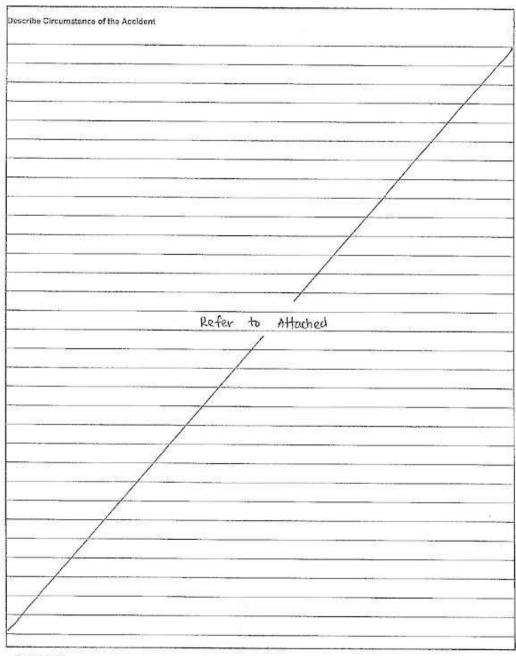
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



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Declaration

tWe declare the foregoing particulars are true in every respect.

Policyholden Sylphture / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 8 Time

A CC BASE CO. BASE CO

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

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On 14.04.2023 at about 09:00 hours along Tampines Avenue 5 towards Tampines Avenue 4, I was stationary on lane 2 at the above mentioned location and suddenly I heard a loud bang and felt a great impact from behind.

When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): CB 8474S

Vehicle (B): SHB 5961M

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