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.

 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 23/12/2022 18:18 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/12/2022 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG WEST STREET 93 TOWARDS UPPER JURONG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Jaguar

Vehicle Registration Number SND47D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM SOON HOE NRIC No. S6826730G Email Address sheilaaalqy@gmail.com Mobile Phone No (Phone) +65-88585658 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model F-pace 2.0P AWD Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto 1997

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00083192200

DRIVER

Name of Driver LIM SOON HOE NRIC No S6826730G Date Of Birth 10/07/1968 Occupation Indoor

Date Of Driving Pass	11/10/2012						
Driving experience	10 YEARS AND 2 MONTHS						
Gender	Male						
Mobile Number	(Phone) +65-88585658						
Alt. Phone Number	-						
Email Address	sheilaaalqy@gmail.com						
Address	APT BLK 695 JURONG WEST CONTROL 1 #04-35						
Address complement	-						
Postcode	640695						
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						
Troud Guildes	WEL						
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							
DETAILS OF TOLICE ACTION							
Was the accident reported to the police?	No						
Was notice of intended Prosecution given?	No						
If yes, against whom?	-						
CIRCUMSTANCES OF ACCIDENT							
ON 00/10/0000 AT ADOLLT 1000 LIVAG DDIVING ALONG HIDG	ONG WEST STREET ST TOWARDS UPDED HIDONS DOAD BOTH						
OF OUR VEHICLE WAS STATIONARY PARKED, WHEN VEHIC	DNG WEST STREET 93 TOWARDS UPPER JURONG ROAD. BOTH						
BRAKE AND I COULD NOT STOP IN TIME AND BANGED ONTO	OVEHICLE B RACK PORTION						
BIVILE AND I GOOD NOT OF THE TIME AND BANGED ON TO	VEHICLE B BROKE ORTHON.						
ATTACHMENT(S)							
Are accident photos available for attachment?	Yes						
Was there any video captured by Car Camera?	No						
•							
DETAILS OF OTHER	VEHICLE DRODERTY 1						
DETAILS OF OTHER VEHICLE PROPERTY 1							
WILL BOOK OF ALL							
Vehicle Registration Number	GBL7402R						
Vehicle Manufacturer	-						
Vehicle Model	-						
Vehicle Variant	-						
Vehicle Colour	-						
Vehicle Category	Commercial vehicle						

Name of Driver	
Contact Number	
Address	
Address complement	<u>-</u>
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- 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 lodgment 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 personal information in this 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)
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder Signature

Date & Time:

Driver's Signature

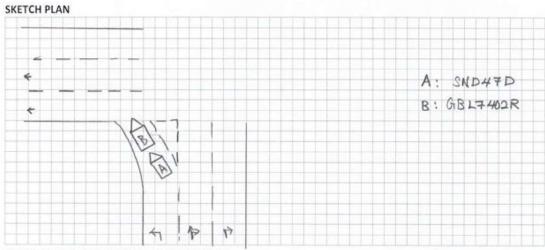
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/2/2022,							
SUDPENLY							
VEHICLE.			1600.670				
					- 1		
PATION							

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

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

