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 19/04/2023 10:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/04/2023 11:05 (SGT) Exact Location of Accident Ang Mo Kio Dr., Singapore Additional Location Information A70 CARPARK ANG MO KIO 628 CRAPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1500

Vehicle Registration Number SJF9145G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG SWEE BOON NRIC No SXXXX556F Email Address 88KIRITO@GMAIL.COM Mobile Phone No (Phone) +65-92338751 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant 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

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5132540692

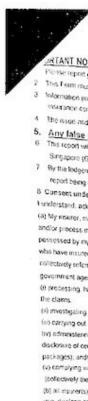
DRIVER

Name of Driver ANG SWEE BOON NRIC No SXXXX556F Date Of Birth 02/06/1988 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/01/2009 14 YEARS AND 3 MONTHS Male (Phone) +65-92338751 - 88KIRITO@GMAIL.COM 174 ANG MO KIO AVE 4 #05-651 - 560174 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender	No 2 No - Yes 3 No UNKNOWN Male UNKNOWN Female
DETAILS OF DOLLOF ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON THE STATED DATE AND TIME ON THE STATED LOCATION WAITING FOR THE FRONT VEHICLE TO MOVE. SUDDENLY, V BACKWARDS. DESPITE HONKING SEVERAL TIMES, VEHICLE	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP4013U
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)	-



SKETCHPLAN

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- information provided must be as included and accurate an possible. Any willid missepresentation or withholding of malerial facts may allow incurs advisional to envertible reductional. The issue and acceptance of this Ferm by insurance companies is not an admission of policy tability 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 Trial Police Department for investigation.

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- Singapore (GIA) for prohiting and that copies of this report will for a fee be made available upon application by increased policies. 7 By the lodgement of this seport to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8 Consent under the Porsonal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore (CIA) maybe permitted to collect, use, disclose and/or process triy personal datapersonal information set out at this (term) 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) enclined in this accident (all insurents) who have insured vehicle(s) involved in this accident shift be collectively selemed to as the "Insurers"), the Insurers lawyeouter/firms, the Monetary Authority of Singapore and any selevant 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 mains and any necessary investigations relating to

(ii) investigating the accident and/or my classes.

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) infirensiating 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/med packages), and/or

(v) complying with applicable favors administering, processing, handling order dealing with my claims.

(collectively the "Purposes")

(b) all abuser(s) who have insured vehicle(s) involved in this position and the insurers' taxyers flow times, maybare permitted to collect, use, disclose andler process my Personal Information for one or more of the above Purposes, and

(s.) my Personal Information may/can be disclosed by any of the Insurers andier GIA to their third party service provides (including their knowers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Dinver's Signature (4 driver is not the policyholder) / Date

Witnessed by Reporting Corpu

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B' SG! 40B U F	reverseo and kest norm	S BACKWARDS.
DESPITE HOPEIN	G SEVERAL TIMES VEHICLE	E , 81 DIS DOL
BOTHER AND CO	lioeo into my vehicle.	
Declaration Wile declare the scregoing pacticular	is are true in every respect.	(2) (200 (200 (200 (200 (200 (200 (200 (
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