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 21/04/2023 10:07 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/04/2023 16:40 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG BUKIT TIMAH ROAD, TURNING ONTO EVANS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SJK6633H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HUANG CHENG ENG** NRIC No. S1084832F Email Address CHENGENG.HUANG@GMAIL.COM Mobile Phone No (Phone) +65-97507272 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model X1 SDRIVE20I LED NAV 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? No - Reporting only Vehicle Category Private car Transmission Auto 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00231112201

DRIVER

Name of Driver **HUANG CHENG ENG** NRIC No S1084832F Date Of Birth 08/06/1948 Occupation Indoor

Date Of Driving Pass 11/07/1969 Driving experience 53 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97507272 Alt. Phone Number Email Address CHENGENG.HUANG@GMAIL.COM Address 139 CAVENAGH ROAD #09-01 Address complement Postcode 229627 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 Side Swipe Weather Conditions Clear Road Surface Dry 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 SHB912M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

WONG WENG WAH

S1619070E

NRIC No

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.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 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>repudiate 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(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the daims 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

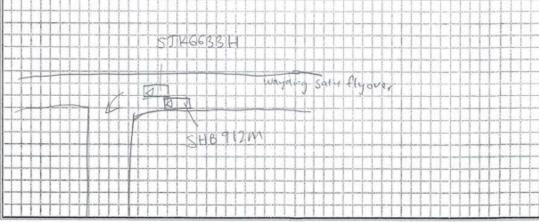
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Kiara

Sketch Plan

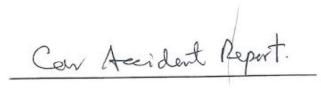


vJun2022

- Refer to	attached	Statement	morde 1	a own	er -		
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				-			
claration e declare the forego	ing particulars are	true in every respect.					(ata)
							S ROC
(11)	l de	1)	1116			Kiara	Z (************************************

Accident report SV10234L0001

vJun2022



- (1) Date & Time of Assident -20 April 2023, around 4.40 pm
- 2) Lozation of Ascident -Along Bubit Timoh Road, turning on to Evens Road.
- (3) In was driving along Buleit Timah Road down the wayang Sortu Flywor and intend to turn on to Evans Road to Estaniz Garden No sein Road entrance
 - (4) As I drive down the flywer, I have the right of way. Since its a strought road.
 - its a stronght road.

 (5) A texi SHB 912M, squezed on to me into Bubit Timah wood when there is clear dewarcation he had

give way to cars along borbit 7 inah Road.

(a) I have at the taxi to warm him but the faxi driver did not care and continue pushing on to my

side of the wad.

(7) I had to turn

Evans road and my left turn
Signal was alread you a long the
Myorer.

- (8) As I was about to Fram note
 Evans road, the rude faxidrive
 knocked on to the back end left
 side of my car (S56633H).
 - (9) I have taken physis of the taki where its front right fender was bond since it knowbod on & my car. I had also taken physis of my car.

(10) The taxi carplate is SHB 912M.
My car is SJK6633H.

(11) The taxi driver is

Wong Weng Wah. (Mobile 9023 7985) His taxi vocational license No. 10 S1619070E.

the did not know his car insurance company and he said the faci conjuny, Strides, handle the car insurance.

The toxi car is a Toyota Prius.

I can provide photos of the taxi, my car and the faxi driver license.

4

(12) Location of Accident

Buleit Timeh Rd wayong seeks flywer
Taki

(3) Reported by me as the driver of my car.

A BMW X1 SJK6633 H.

My reme - Huang Chang Erg.

My China Taiping Car Insurance

Phry No - OMPCSNA 00231112201



(14) My wany is that the taxi driver will thist the facts and blame me for the accident. He is the driver who brooked the left back of my car.







