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 10/05/2023 18:24 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/05/2023 11:55 (SGT) Exact Location of Accident Singapore Additional Location Information INTERSECTION OF PUNGGOL FIELD & PUNGGOL WALK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SME3684B**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHOO WAN YI SHARON** NRIC No SXXXX722J Email Address choo wanyi sharon@hotmail.com Mobile Phone No (Phone) +65-97529408 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model Odyssey 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00219022202

2356

DRIVER

CC

Name of Driver CHOO WAN YI SHARON NRIC No SXXXX722J Date Of Birth 01/10/1990 Occupation Indoor

Date Of Driving Pass 07/07/2009 Driving experience 13 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-97529408 Alt. Phone Number Email Address choo_wanyi_sharon@hotmail.com Address APT BLK 15 PUNGGOL FIELD WALK Address complement # 17-02 Postcode 828746 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PA7909M

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-67667997
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

MPORT POTICE

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- 4. The is teand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any like reporting may be referred to the Traffic Police Department for investigation.
- 5. This reloat will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing Size (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the logement of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report: bing made evallable aforesaid.
- 3. Conse-Friender the Personal Data Protection Act (PDPA)

I understark acknowledge, agree and consent that:

(a) My Inst Uhr, 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 spency/authority (such as the police), for the purpose(s) of:

- (i) processins 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 ox and/or dealing with my instructions or responding to any enquiries by me;
- (iv) admin listeing my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosures of tertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); 2:0/or
- (v), complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer() who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose ind/or process my Personal Information for one or more of the above Purposes; and

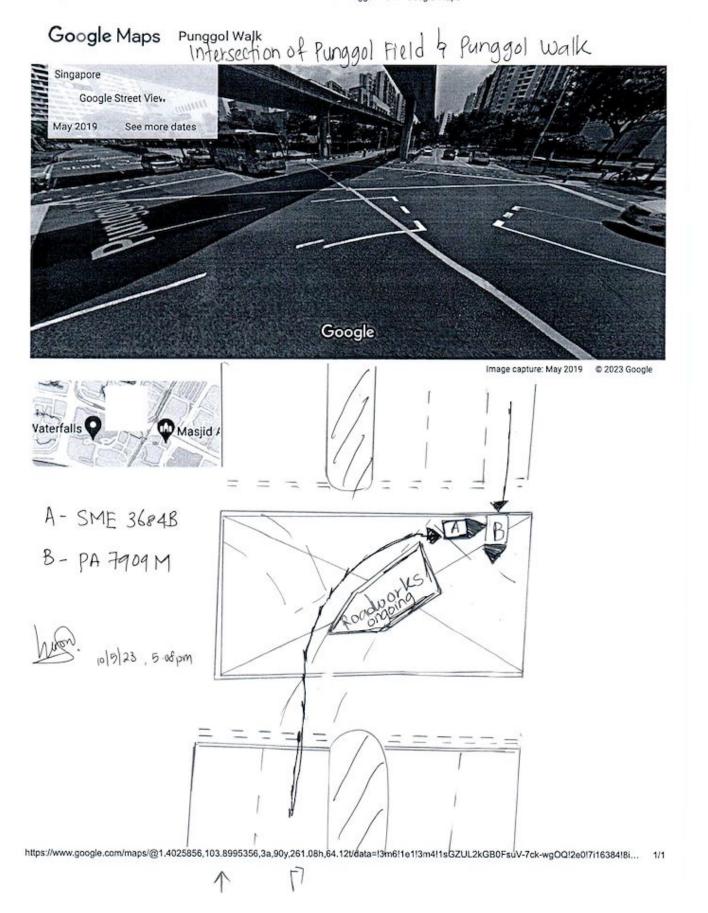
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including the Nawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

(Name as in MRIC/ID card)

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