SN08235J0001-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/05/2023 11:54 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (26/05/2023 09:58 (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 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 19/05/2023 11:54 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/05/2023 17:00 (SGT) Exact Location of Accident Yunnan Walk 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

1497

Vehicle Registration Number SKL9192B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE GEOK HAI NRIC No SXXXX892A Email Address sw6295thh@gmail.com Mobile Phone No (Phone) +65-98167975 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C200 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 - Claiming third party 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 DMPCSNW00279072202

DRIVER

CC

Name of Driver LEE GEOK HAI NRIC No SXXXX892A Date Of Birth 31/12/1949 Occupation Indoor

Date Of Driving Pass 16/11/1977 Driving experience 45 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98167975 Alt. Phone Number Email Address sw6295thh@gmail.com Address 40 WOODLANDS DRIVE #04-43 Address complement Postcode 737774 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 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE 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 SLK5306K 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

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 shall be collectively referred to as the "Insurers"), the insurers 'swyers/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 claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (ii) 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 law yers/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 law yers/law. firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's SigNature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date _ 8. Time Witnessed by Reporting Centre Personnel

Sketch Plan

Wesse V D D

B = 52K 5306 K

= SKL 919213

Yunnan Walk 3

Describe Circumstances of the Accident
On 08.05.2023 at about 1700 hrs , I was driving my car SKL 91923 along
Yunnan Walk and when I reaching Yunnan Walk 3 , I stopped my car and going
to park my car straight at the stole Suddenly a car with carplate number
SLK5306K came from my right rear also turned into the lane with high speed.
when her car going take over my car, the rear of the car SLK5306K
accidently hit onto my right rear of my car

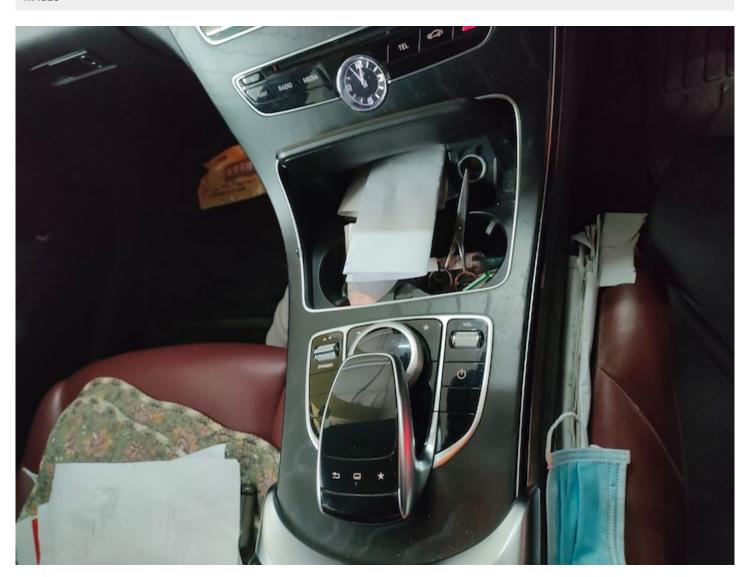
Declaration

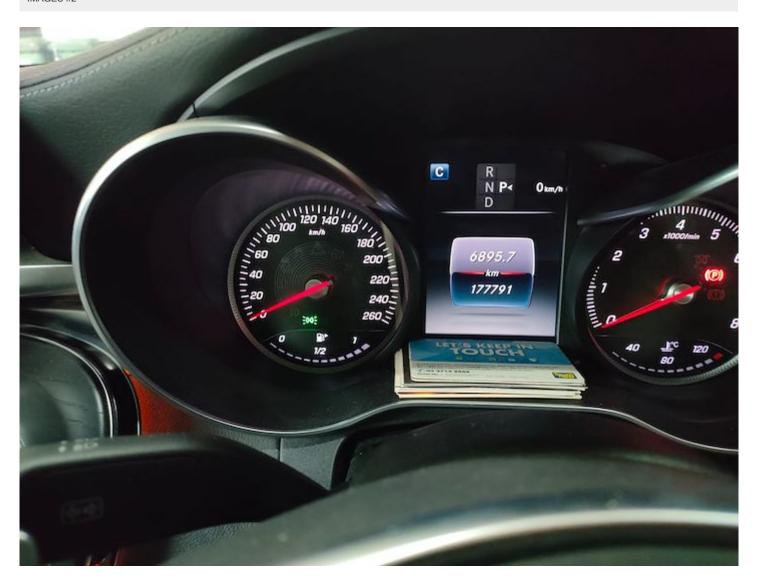
IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date /

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

Witnessed by Reporting Centre Personnel





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SUGE 35 7000 / Vehicle Registration No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: Contact (Tel): **Email Address:** Time of Accident: Date of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: CUM LUMBAR TO SKL9192B ON SIGNEY Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Name (as in NRIC/ID card): Date: