SN09235Q0002-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/05/2023 11:13 (SGT) SUBMITTED BY: NIVITHA VERSION: 2 (26/05/2023 15:50 (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.

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 26/05/2023 11:13 (SGT) Reported by **Actual Driver** Date of Accident 24/05/2023 17:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI (BEFORE BKE EXIT) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number GBH4857C INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner HOMAX AIR CONDITIONING ENTERPRISE PTE LTD Company Reg No 2XXXXX567C Email Address HOMAXAC.CECILIA@GMAIL.COM Mobile Phone No (Phone) +65-90019666 Alternative Phone No VEHICLE PARTICULARS Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982 **INSURANCE COMPANY** Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00068362204

AMIN MOHAMMAD AL

GXXXX105K

08/07/1990

Outdoor

Occident report SN09235Q0002

Passport No/FIN

DRIVER

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	25/08/2022 9 MONTHS Male (Phone) +65-90019666 - HOMAXAC.CECILIA@GMAIL.COM 3025 UBI ROAD 3 , KAMPONG UBI INDUSTRIAL ESTATE # 04-137 408653 No Employee 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No 2 No - Yes 2 No - Yes 2 No No No No No No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT 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 Vehicle Manufacturer Vehicle Model Vehicle Variant	GBD4417K - -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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 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 malling 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.

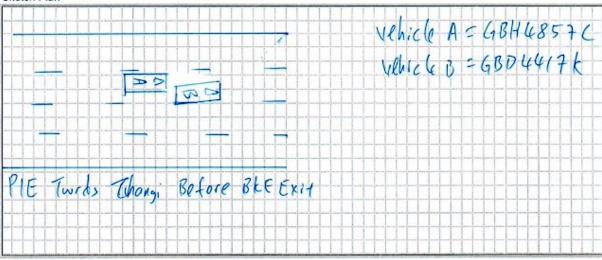
AMIH

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



1

escribe Circumstance of the Accident	
on the stated tale and time, I Vehicle A GBH4657C was driving on PIE Twards changi, Below BKE Exit, on the 2nd Jane Suddenly Vehicle B GBD4417K Brake, I tollow suit, But Cannot Stop in the time and but into Vehicle B	20
GIBH4657C was driving on PIE TWARDS Changi Below	ae
CERTIFICAL BRILLE I tollach Duid But Cannot Ato	P
in # fime and hit into Vehicle B.	
In the sine one his the verifical	
	_
	-
	-
	_
	_
	-
	_

Declaration

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

& Time

Policyholder's Signature / Date & Time

AMIH
Driver's Signature (if driver is not the policyholder) / Date

Witnesses by Reporting Centre Personnel (Name as a WRIC/ID card)

2





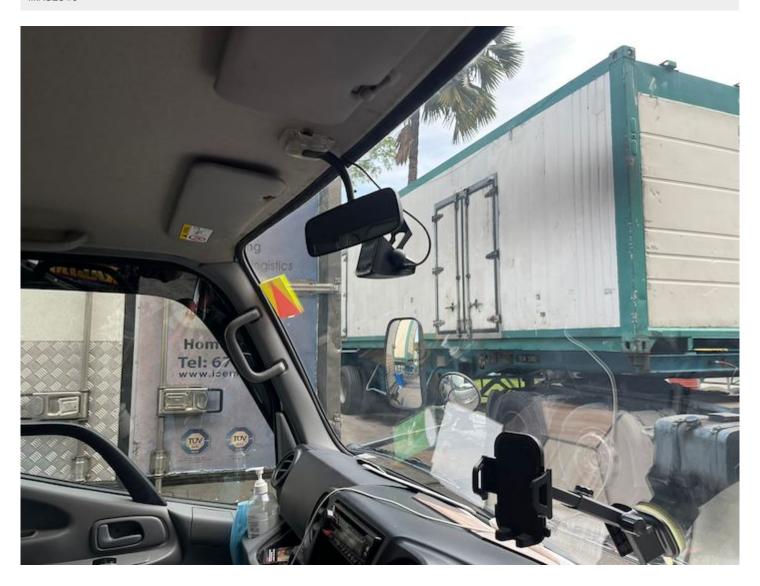




















	Please submit the completed Adden whom you submitted the Original R	eport.	ent Reporting Centre with
	ADDE	NDUM	
PARTICULARS	OF PERSON MAKING THE AMENDM	ENTS:	
o riginal Repor	t No: _ SNO9 235 Q0002	Vehicle Registration N	10: <u>GBH 4857C</u>
N zame (as sho)	t No: SNO9 235 Q'0002 vn In NRIC): Amin Mohammad A	NRIC/FIN/Passport N	10: <u>G2469 105K</u>
(≪Vehicle Driv	er /Policyhol der) (*) Please delete as	appropriate	
Acidress: 302	s ubi Road 3, Kampong ubi In	dustrial estate # 04-13:	3 Singapore (408663
contact (Tel):		Mobile No.: 90	01966
Ermail Address	: Homaxac. Cecilia Dagmail-	com	200
22 04	. 24/5/2023	Time of Accident:	17:20
Deate of Apple	ent: PIF fowards Chango	(Before BKE Exit))
Place of Accid	mpany: hika T	uiping	
		T	
	INFORMATION /AMENDMENTS: .	Mont and would like to incl	ude additional information o
I have made a make the foll-	a report on the above-mentioned according amendments:	adent and would like to like	
Amond 1	odicy Number - DMCV	SNW000683622	04
			7.0
	•		
			-
Barrier Colores	•		
			0 = 01=1=2=2
		×	MILLE 26/5/2023