SP1823630001 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 03/06/2023 10:06 (SGT) SUBMITTED BY: Lim Xu Wen Wayne VERSION: 1 (03/06/2023 10:06 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 03/06/2023 10:06 (SGT)

Reported by **Actual Driver**

Date of Accident 01/06/2023 10:15 (SGT) **Exact Location of Accident** Outram Rd, Singapore

Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No

Private use

No - Claiming third party

Vehicle Registration Number SMD2464G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner LIM LI CHEN ARLENE

NRIC No S7616618H

Email Address ARLENELIMLC@GMAIL.COM Mobile Phone No (Phone) +65-98355538

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Outlander

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Private car Transmission Auto

CC 1998

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B 300466440 QMY

DRIVER

Name of Driver LOH CHOON HENG (LUO JUNXING) NRIC No S7523113Z

Date Of Birth 04/08/1975 Occupation Indoor

Accident report SP1823630001

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Date Of Driving Pass 09/01/1996

Driving experience 27 YEARS AND 5 MONTHS

Gender Male

Mobile Number (Phone) +65-97609693

Alt. Phone Number Email Address - CHLOH.JAZ@GMAIL.COM

Address 33 AMBER GARDENS #16-06
Address complement -

Postcode 439968
Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Tomolo Registration Number of Other Venice Owner by Enven

Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
Weather Conditions Raining
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

No
Translator's name

Translator's ID

Translator's phone number

Translator's phone number

Translator's email Original language used in the statement -

PASSENGER 1

Name PAX 1
Gender Male

PASSENGER 2

Name PAX 2
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Traffic Police

Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900

Police Station Address 10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given? No If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN. VIDEO FOOTAGE WITH TRAFFIC POLICE.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX695S
Vehicle Manufacturer Hyundai
Vehicle Model Vehicle Variant -

Vehicle Variant-Vehicle ColourWhiteVehicle CategoryGovernmentName of DriverNUR MISRIYANRIC No\$9431355D

Contact Number (Phone) +65-82016641 Address -

Address complement -

Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident -

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SKETCH PLAN

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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 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

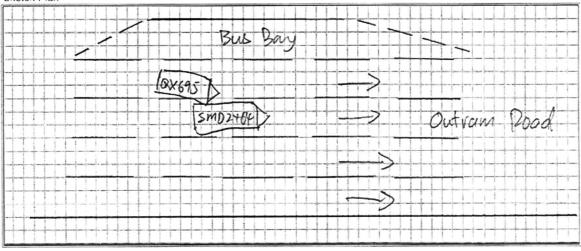
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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