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.

- 4. The issue and acceptance of this is form by instrained 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 20/07/2023 11:04 (SGT) Reported by **Actual Driver** Date of Accident 19/07/2023 07:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS (BEFORE BALESTIER ROAD EXIT 17) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

2754

Vehicle Registration Number PD840G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PERFECTGOH LIMO Company Reg No 5XXXX498C Email Address SIMONLAW76@GMAIL.COM Mobile Phone No (Phone) +65-83829927 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00005962300

DRIVER

CC

Name of Driver MOHAMMAD NAZRIN BIN TAJUDIN NRIC No SXXXX137D Date Of Birth 06/03/1979 Occupation Outdoor

Date Of Driving Pass 02/07/2012 Driving experience 11 YEARS Gender Male Mobile Number (Phone) +65-98340440 Alt. Phone Number Email Address SIMONLAW76@GMAIL.COM Address **BLK 201B TAMPINES STREET 21** Address complement #04-1083 Postcode 522201 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Chain Collision 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? Yes 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 THE ATTACHED STATEMENT 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 SMG3524U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

| Address | | | |
|-----------------------------|-------------|------|--------------|
| Address complement | | | - |
| Postcode | | | <u>-</u> |
| Insurance Company Name | | | <u>-</u> |
| Nature Of Damage | | | |
| Details of property damaged | in accident | | <u>-</u> |
| No. Of Passenger (Including | | | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SMC60G |
|---|-------------|
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number | SNH3433G |
|---|-------------|
| 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) | _ |
| - · · · · · · · · · · · · · · · · · · · | |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender Phone No Address Address Complement | MOHAMMAD NAZRIN BIN TAJUDIN Male (Phone) +65-98340440 |
|---|---|
| Post Code | _ |
| Approximate Age Years Old | _ |
| Injuries Sustained | BODY PAIN |
| Injured person in which vehicle? | PD840G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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 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.

- 6. 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
- 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:

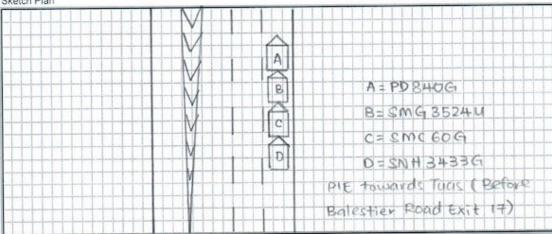
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (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 the clawwers/law firms) with cit may be sited outside of Singapore, for one or more of the above Purposes. Salar S

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

| Describe Circumstance | of the Accident |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 7 |
| | Refer to Attached |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| // | |
| Declaration | going particulars are true in every respect. |
| RFE COH | and particulars are true of overy respect. |
| () () () () () () () () () () | 95) Res 20/9/2 |

On 19.07.2023 at about 07:00 hours along PIE towards Tuas (Before Balestier Road Exit 17), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). It was a chain collision of total of 4 vehicles involved and I am the first vehicle.

Vehicle (A): PD 840G

Vehicle (B): SMG 3524U

Vehicle (C): SMC 60G

Vehicle (D): SNH 3433G

Mayis









