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 14:49 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/07/2023 12:45 (SGT) Exact Location of Accident Rochor Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU5540X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JANICE LEE CHEN NEE (JANICE LI ZHENNI) NRIC No S7938445C Email Address janfanlee@gmail.com Mobile Phone No (Phone) +65-92211179 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1339

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10934471R00

DRIVER

Name of Driver JANICE LEE CHEN NEE (JANICE LI ZHENNI) NRIC No S7938445C Date Of Birth 08/12/1979 Occupation Indoor

Date Of Driving Pass 14/01/1999 Driving experience 24 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-92211179 Alt. Phone Number Email Address janfanlee@gmail.com Address BLK 627A TAMPINES ST 61 #11-690 Address complement Postcode 521627 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane 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? 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? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHA5581G

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
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

- 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.
- 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)

l 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, gisclose 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

2017

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

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

Sketch Plan

(Name as in NRIC/ID card)

Sketch Plan

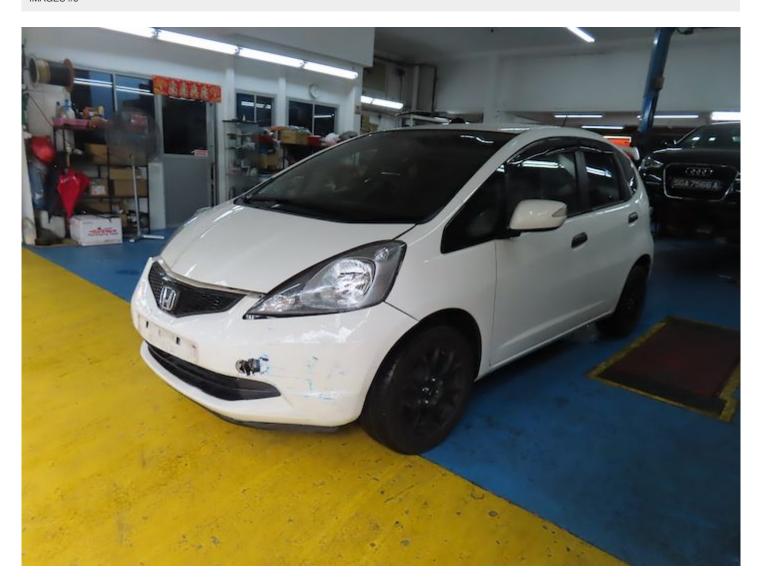
(Name as in NRIC/ID card)

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Report No. G/20230720/7045

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 20/07/2023 13:36	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
JANICE LEE CHEN NEE	627A TAMPINES STREET 61 #11-690 SINGA		0 SINGAPORE	
	521627			
ID Type / ID No.	Contact N	10.		
NRIC NO / S7938445C	Home/Office: Mobile:			
			92211179	
Nationality	Email Address			
SINGAPORE CITIZEN	JANFANLEE@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Sales and related associate professionals	Female	43	08/12/1979	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 20/07/2023 12:45 - 20/07/2023 12:45	Location Of Incident 627A TAMPINES STREET 61 #11-690 SINGAPORE 521627			

Brief details.

Road Traffic accident G/20230720/0074

My car Honda Fit SJU5540X collided with taxi SHA5581G.

Went to exchange contacts and driver claimed he knocked his head.

How accident happened. It was raining and road was wet. We were exiting ECP towards AYE Rochor exit. Taxi was on the left lane and i was on the right. It happened very fast so I am unsure exactly how we

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2023 13:36		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230720/7045

collided but it seems he came into my lane.

My front left bumper collided with the right side of his driver door.

There is CCTV footage and i have given the SD card to police officer in charge who came to the accident to assist. So we can view the accident from there to be sure.

After i came out of my car to exchange details with taxi driver Mr Chong, he claimed he hit his head and wanted an ambulance to come. So i quickly called 995 and waited for ambulance and police to come help.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2023 13:36
Officer In-Charge Of Case:	Classification Of Case: