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 24/07/2023 15:32 (SGT) Reported by **Actual Driver** Date of Accident 23/07/2023 02:00 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN RING ROAD TOWARDS YISHUN STREET 21 BESIDE BLK 296 YISHUN STREET 20 Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBQ8898K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **TEO JUILY** NRIC No SXXXX394H Email Address JK.POON@ICLOUD.COM

Mobile Phone No (Phone) +65-98968998

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer RMWModel 523i 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

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number DMPCSNA00111642302

DRIVER

Name of Driver JEREMY POON JOO KHOON NRIC No SXXXX431A Date Of Birth 04/02/1976

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	Indoor 20/01/2012 11 YEARS AND 6 MONTHS Male (Phone) +65-86911681 - JK.POON@ICLOUD.COM APT BLK 201 YISHUN STREET 21 # 08-61 760201 No Parent 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	No 2 Yes No Yes 2 No HO HAN HWEE Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
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	SMJ3897C -

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

HO HAN HWEE

INJURED 1

Name of injured person JEREMY POON JOO KHOON Gender Male Phone No (Phone) +65-86911681 Address APT BLK 201 YISHUN STREET 21 Address Complement # 08-61 Post Code 760201 Approximate Age Years Old
Injuries Sustained **NECK PAIN** Injured person in which vehicle? SBQ8898K Were seat belts worn? Was this injured conveyed to hospital by ambulance? No INJURED 2

Gender Phone No (Phone) +65-97932927 Address Address Complement Post Code Approximate Age Years Old
Injuries Sustained SHOULDER PAIN Injured person in which vehicle? SBQ8898K Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

Name of injured person

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>fruthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.

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Policyholder's Signature / Date & Time Sketch Plan Yi Shun Ring Roce	Driver's Signature (if & Time d Towards	driver is not the Yishun	policyholder)/Date Street 21	Witnesse (Name a Beside	ed by Reporting Cens s in NRIC/ID card) BIK 296	tre Personnel Yishun stree	1 20	
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Yohyo Shi	set	4 A A				8848 K		
61K 296					8-393	3897C	H	
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orthon	04	my	vehic	œ.								

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

Policyholder's Signature / Date & Time

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

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

2





























