SN09237R0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/07/2023 10:25 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/07/2023 10:25 (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.

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 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 First Submission 27/07/2023 10:25 (SGT) Reported by **Actual Driver** Date of Accident 24/07/2023 16:12 (SGT) Exact Location of Accident Woodlands Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

1496

Vehicle Registration Number SMP7713S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SODICK SINGAPORE PTE LTD Company Reg No 1XXXXX328C Email Address jocelyn@sodick.com.sg Mobile Phone No (Phone) +65-90062836 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SI22V13094/VPC/R02

DRIVER

CC

Name of Driver WANG PEIK CHUNN NRIC No SXXXX502F Date Of Birth 11/02/1983 Occupation Indoor

Date Of Driving Pass 19/02/2013 Driving experience 10 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-90062836 Alt. Phone Number Email Address jocelyn@sodick.com.sg Address 52 BUKIT BATOK STREET 31 #09-08 Address complement Postcode 659443 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 Collision - Head to Rear 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? 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 XD4535S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

SXXXX717F

AZHAR BIN ABU SAMAH

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-86785277
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

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- 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.

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 ledgement 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;
- (ii) 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
- (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.

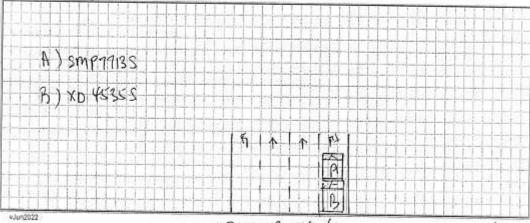
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personne

(Name as in NRIC/ID card)

Sketch Plan



WOODLANDS AVE 6

00 10	th July 2023 acons the woodland Ava 6
traffi	th July 2023 along the woodland Ava 6 2 light, my car was waiting at the traffic
69 LA	to turn right to woodlands the 9.
Rudd	enly I fest the car was moving and and a
mino	~ hit by 9 big trues. I came down the
Unr	to take photo and the truck driver
gava	e me not driving licence and we exchau
	confact numser
-	

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Wknessed by Reporting Centre Personne / Dete & Time 36 July 3-03 (Name as in NRIC/ID card)

vJun2022















