SV0Q237L0002 / VANTAGE AUTOMOTIVE LIMITED ENTRY DATE & TIME: 21/07/2023 14:15 (SGT) SUBMITTED BY: Muhammad Danial Ishak VERSION: 1 (21/07/2023 14:15 (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 Submission 21/07/2023 14:15 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/07/2023 09:00 (SGT) Exact Location of Accident Near Jurong Town Hall Rd, Singapore Additional Location Information TRAFFIC LIGHT JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND4155Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RACHEL YAO MINGYI NRIC No SXXXX393F Email Address RACHELJULIANAYMY@GMAIL.COM Mobile Phone No (Phone) +65-91380382 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Byd Model E₆h 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

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

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V00803

DRIVER

Name of Driver RACHEL YAO MINGYI NRIC No SXXXX393F Date Of Birth 31/08/1992 Occupation Indoor



Date Of Driving Pass 24/09/2013 Driving experience 9 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-91380382 Alt. Phone Number Email Address RACHELJULIANAYMY@GMAIL.COM Address **8 CHUAN TERRACE** Address complement Postcode 558476 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 - 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? Police Station Name Jurong East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008999999 Alt. Police Station Phone No (Fax) +65-66655791 Police Station Address No. 92 Boon Lay Way Singapore 609962 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMF3172GVehicle ManufacturerLexusVehicle ModelEs300hVehicle Variant-



Vehicle Colour	Black
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)	-

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 Authorised 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.
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- Any false reporting may be referred to the Police for investigation.
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- 7. By the lodgment 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 aforesald.
- 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)
 - (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholdek's Signature

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sig Name:

NRIC/FIN No :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0	n 21	07.2	3 (at arou	ad 90	am ,	1 wa	is driving
my	vehicle	(51	10 41!	55 Z)	alon	g Ju.	rong	Town	Hall Pd
towards	Boon	Lay W	ay . 1	As	1 was	арри	o a cuin	g 1h	e function
at :	turong	Street	11/	the	traffic	tzgut	-lum e	d am	bur and l
managed	to	Stop	betwe	the	stop	(Ine	When	roggen	ly vehick
CSMF	31726)	n)+	into	my	real	portlo	n of	my	vehicle,

DECLARATION

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

Policyholder's Signature Date & Time:

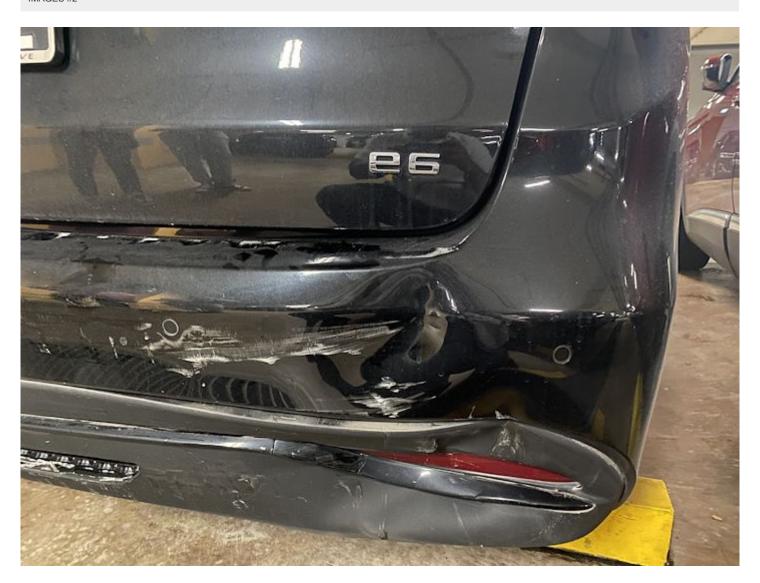
Driver's Signature (If driver is not the policyholder)

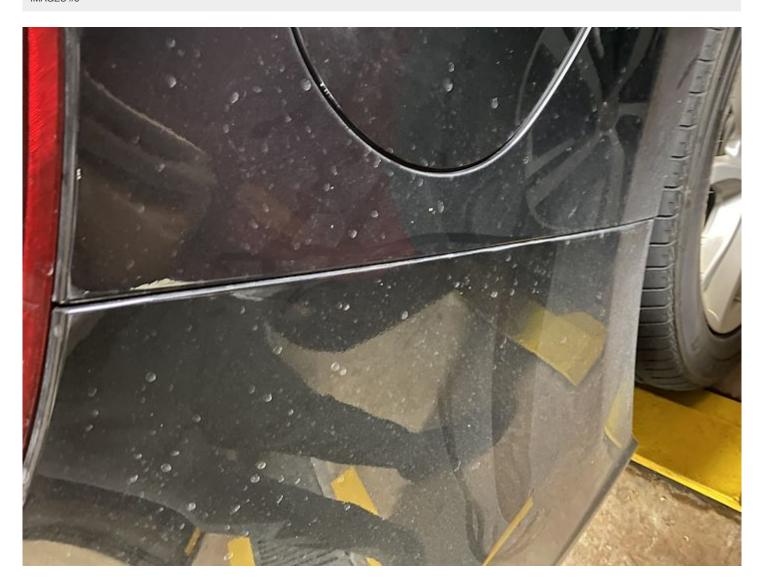
Date & Time:

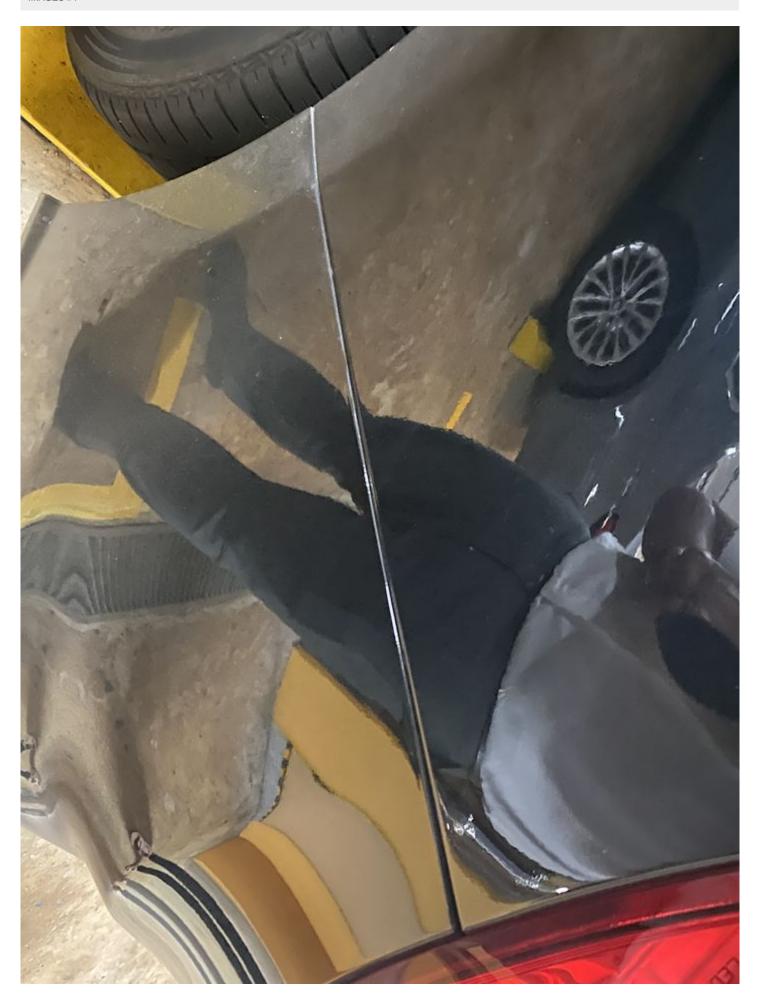
Reporting Centre Personne

Name: NRIC/FIN No.:







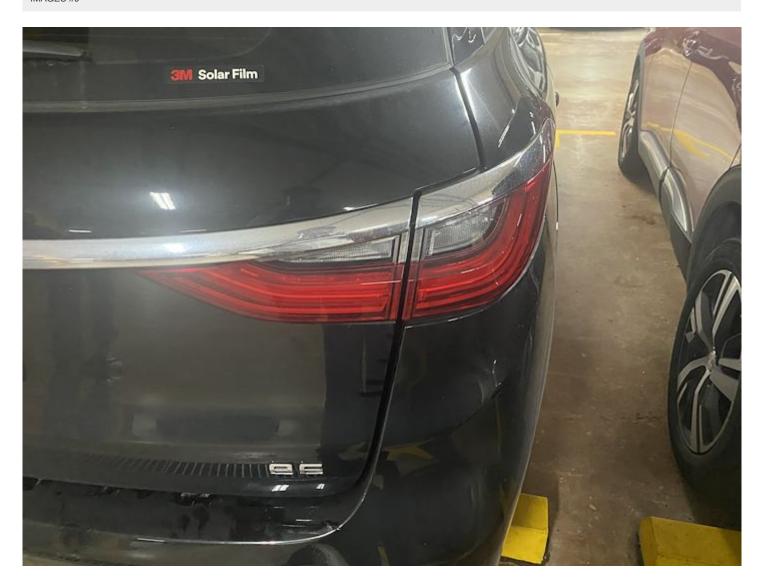






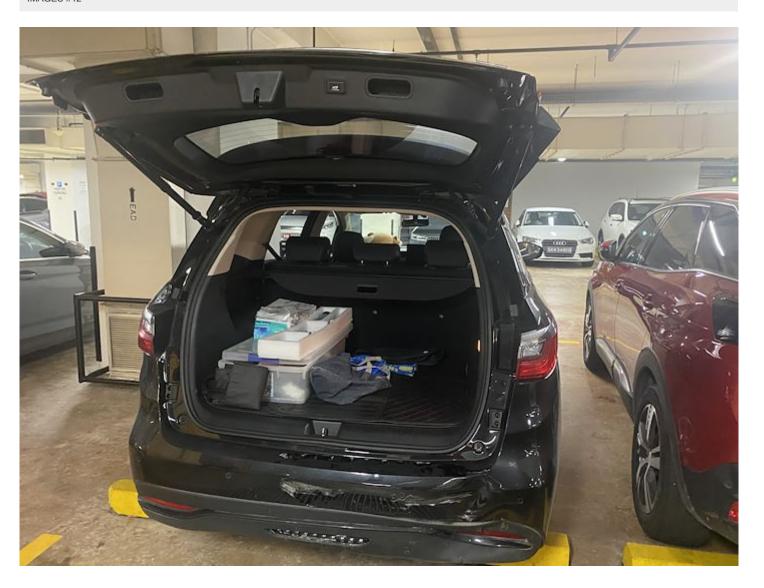






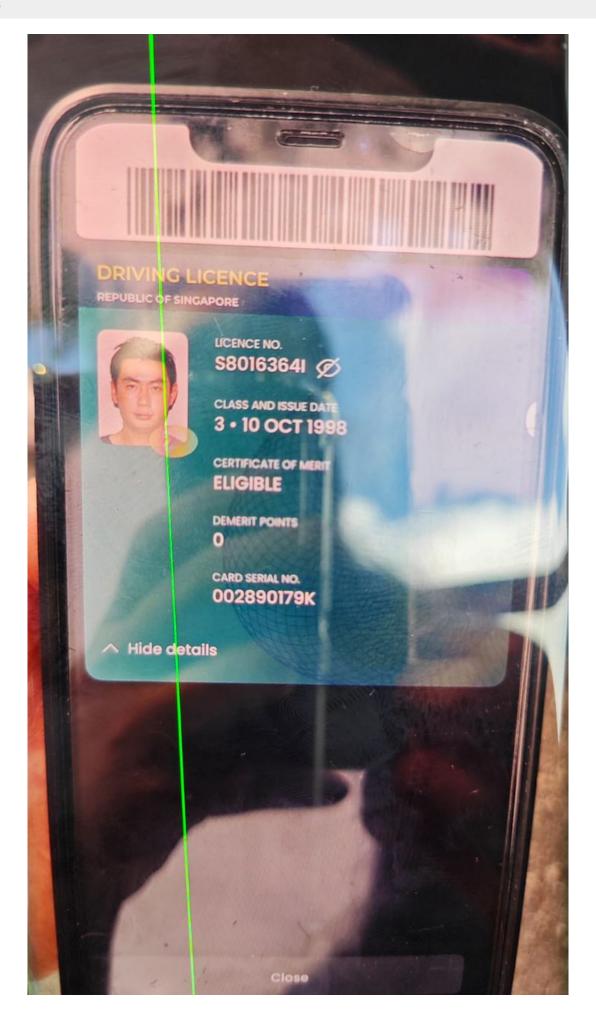
























Annex D

NOTICE OF REPORTING

This is to confirm that Rachel Yao Mingyi, NRIC/FIN

S9234393F, has reported to the Police a non-injury traffic accident which

occurred junction of Jurong Town Hall Rd and Jurong East St 12,

on 21/07/2023 at 09:00 am involving the following vehicles:

SND 4155 Z

SMF 3172 G

BYD

Lexus

E6 Black es300h Black

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act 1961.

Rank/Name of Issuing Officer: Sgt Ngu Yuan Jin

Date: 21/07/2023 Time: 1005hrs

Jurong East

S/D Ref: 28

Neighbourhood Police Centre

No 92 Boon Lay Way

Singapore 609962

Police Post/Unit : Jurong East NPC Tel: 1800-8999999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

