S104237E0001 / 1ST AUTOWORKS PTE LTD ENTRY DATE & TIME: 14/07/2023 13:49 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (14/07/2023 13:49 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

l_g *

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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

14/07/2023 13:49 (SGT) Both Policyholder and Actual Driver 13/07/2023 21:50 (SGT) Singapore NETHERAVON ROAD AT THE EXIT OF "CIVIL SERVICE CLUB @ CHANGI 2" Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKT9170Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth

No TAN LYE CHOON S0762033J steventanlyechoon@gmail.com (Phone) +65-98178389

Citroen C4 picasso GRAND C4 PICASSO 1.6I EHDI ETG6 HALOGEN

Private use

No - Claiming third party Private car Auto 1560

Direct Asia Insurance (Singapore) Pte Ltd

TAN LYE CHOON S0762033J 22/08/1952

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt, Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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

DETAILS OF POLICE ACTION

Was the accident reported to the police? 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?

Was there any video captured by Car Camera?

Yes No

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model

SLP8639D

DETAILS OF OTHER VEHICLE PROPERTY 1

Accident report \$104237E0001

Page 2 of 12

(Phone) +65-98178389

47 YEARS AND 8 MONTHS

steventanlyechoon@gmail.com

25 CHANGI VILLAGE ROAD #01-17 SPORE 509924

Yes

Indoor

18/11/1975

No

Collision - Major/Minor Rd

Clear Dry

No

No

Yes

2

No

CHAI YOK MEE Female

No

Νo

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private hire

 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 correctly the details of the accident to speed up the claims process.
- 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 repud ale 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 GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) for archiving and that copies of this report will for a tee be made available upon application by interested parties.
- By the ladgement 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)

Lungerstand, acknowledge, agree and consent that

(a) My insurer, my weekshop and the General timurance Association of Singapore ("GIA") employee 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 one or so processed 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 refevant government agency/authority (such as the potice), for the purpose(s) of

(i) processing ibanding and of dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

- (iii) investigating the accident and/or my claims;
- (c) 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 envelopesima.)

 packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the 'Purposes')

(b) a Linguier(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firms, may/are permitted to indirect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Porsonal information may/can be disclosed by any of the insurers and/or QPA to their third-party service providers or agolds (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policynolder's Signature / Date & Time

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

Winessee by Reporting Centre Personnel (Name as in NRIC-ID card)

Sketch Plan

A SKT9170Y
B SCP86340

1	Freumstance of the Accident	
1 10	122 de	
131	rys driving along Netheravin PUAD	
Chille	ut 31:50/ms, at the symmether 2023	Lower
CC63 121	117 71.00 /	
-CLU	ul 21:50/12, at the exit of Civil S	Frains
Xun	where out the car gray Totato	1000
112	Mello Hor /cxx 3 1645 3400 cand	YUS
THE O	NOR 1/CXP S 1645 340 D Com	and a specific 17
D-4 7	the left side Both my left front news fyre was front born	ance of
SIL	we lest side Buth my but het m	4 Can
-DEEK	cons were by the front	and
left,	near type was to the facilities and	My
The	other row livet to	
I ha	other tour front biens or down one faten pretieres of both ears	04.
the	and the is of boll care	16
	spot where accident toke plu	2%
for making about the course	- Live plu	CE
-		
	the same and the s	-
-	and the same of th	1.00
come and and profe a		
	and the same of th	
-		
grade .		

Declaration

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) Witnessed by Reporting Centre Personnel (Name as in NRICIID card)

vJun2022