SF0E24A2M001 / FALCON-AIR AUTO SERVICES PTE LTD [528840] ENTRY DATE & TIME: 02/10/2024 10:49 (SGT) SUBMITTED BY: Janet Lim VERSION: 1 (02/10/2024 10:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 First Submission

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

02/10/2024 10:49 (SGT)

Actual Driver

01/10/2024 21:15 (SGT)

Singapore

TAMPINES AVE 7/STREET 45 X-JUNCTION

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNF2061M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

Nο

AZNIZAH BTE ARIS

SXXXX472C

AZNIZAH_ARIS@MOE.EDU.SG

(Phone) +65-94279107

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Toyota

Prius

Private use

No - Claiming third party

Private car

Auto

1800

Petrol

23/05/2019

JTDZS3EU90J030123

23/05/2019 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 23-MP005383-R01

DRIVER



Name of Driver RAYMEE BIN AHMAD NRIC No. SXXXX383F Date Of Birth 08/03/1975 Occupation Outdoor **Driving Pass Date** 16/10/2019 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 5 YEARS Gender Male Mobile Number (Phone) +65-94883149 Alt. Phone Number Email Address RAYMEEA08@GMAIL.COM Address BLK 498D TAMPINES STREET 45 02-384 SINGAPORE 522498 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 3 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 PASSENGER 1 Name **AZNIZAH ARIS** Gender Female PASSENGER 2 Name **ELFY DANZLY RAYMEE** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9164B 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

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- 5 The report will be followersed by the link wers of the GrA Records Management Centre established by the General Insurance Association of Singapore. GrA: for aronizing and their copies of this report will for a fee be made available woon application by interested parties.
- 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 aforesaid.
- 3 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 (awyers/law firms, the Monetany Authority of Singapore and any relevant government agency/authority (such as the policel, for the purpose) store
 - (ii) 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, involces, 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.
- (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.

Policyholder's Signature Doga Rimma

Diversignation

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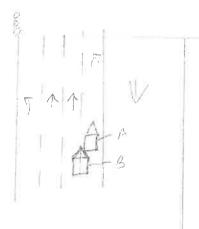
Richard

Reporting Centre Personnel's Signature.

NAMES SOME



SKETCH PLAN



A-SNF2061M B-SHA9164B

Tampines Ave 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

No. of the second secon
On my way home from Coyang to Tampines Ave T. As 1
was coaching for traffic light change to green Ou suchless
was countries for traffic light change to green on suchless Taxi (SHA9164B) his my oumper Accident happen arecand 2115 hrs. As I check and ask any injury so nothing happen both passenger in the car.
2115 hrs. As I check and ask any injury so nothing home
both passenser in the car
* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

M/We declare the foregoing be tipulars are true in avery reposed

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2/10/24