SP1824AMM008 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 22/10/2024 16:36 (SGT) SUBMITTED BY: Liang Siew Chin VERSION: 1 (22/10/2024 16:36 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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 oplicy 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

22/10/2024 16:36 (SGT) Both Policyholder and Actual Driver 21/10/2024 11:00 (SGT) 1 Queensway, Singapore 149053 QUEENSWAY SINGAPORE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG7976Y

INSURED/POLICYHOLDER

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

KAPUR TALVINDER SINGH S7968984Z TALVINKP@GMAIL.COM (Phone) +65-90264727

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

Audi A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW) AUDI A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)

Private use

No - Claiming third party Private car Auto 1984 Petrol-Electric 25/08/2021 WAUZZZF58MA052686 18/08/2023 05:08 (SGT)

INSURANCE COMPANY

First Regisration Date

Name of Insurance Company Policy Number / Cover Note Number

Effective Date/Time of Ownership

EQ Insurance Company Ltd DMPPHQ24-008238

DRIVER

Chassis no



Name of Driver KAPUR TALVINDER SINGH NRIC No S7968984Z Date Of Birth 06/03/1979 Occupation Indoor **Driving Pass Date** 27/10/2017 Driving License Pass Class 3A Driving License Validity Valid Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-90264727 Alt. Phone Number **Email Address** TALVINKP@GMAIL.COM Address BLK 34 EASTWOOD GREEN - SINGAPORE 486563 Address complement Postcode 486563 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 1 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC1478S
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	(Phone) +65-63248861
Address	-
Address complement	-
Postcode	-
Insurance Company Name	- 1
Nature Of Damage	•
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC4130L
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	- ×
Vehicle Category	Private car
Name of Driver	GOH HOCK SENG LEONARD
NRIC No	S1127299A
Contact Number	(Phone) +65-97814607
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

- 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.
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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 incurance 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 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)

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 Purpose;

s Stomature / Date & Time

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

Witnessed N. Reporting Centre Personnel

(Name as in NR/C/ID card)

Sketch Plan

SMC4130L SNC4478S SMG7976Y

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Declaration

I/We declare the foregoing particulars are true in every respect. If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause with your wish to claim against your own policy, please be advised that your insurer for more details, must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details. reby the claim

s Signature / Date & Time

Driver's Signature (if griver is not the policyholder) / Date

Witnessed by Reporting Centro Personnol (Name as in NRICIO card)

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