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.

- 4. The issue and acceptance of this is form by instrained 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 23/12/2024 19:15 (SGT) Reported by **Actual Driver** Date of Accident 21/12/2024 17:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG ANG MO KIO STREET 22 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJL6078E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANNAPOORNA PRASAD NRIC No S2652922J Email Address annuprasad2000@yahoo.com.sg Mobile Phone No (Phone) +65-90052956 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model WISH 1.8 AUTO 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1794 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00159152302

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	GERARD CHRISTOPHER S/O SELVAMANI S9911630G 15/03/1999 Indoor 13/03/2020 3A Valid 4 YEARS AND 9 MONTHS Male (Phone) +65-97634372 - GCSELGERJOS@GMAIL.COM BLK 204 ANG MO KIO AVENUE 3 02-1740 SINGAPORE 560204 - 560204 No Friend No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
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	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
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
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SKX7190G

Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
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 Actual Driver.
- Information provided must be as <u>fruthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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.
- 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 opvernment 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 Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

A:9JL6078E

B:SKX7190 G

ANG M0 K10 STREET 22

ribe Circumstance of the Accident in the 21 ⁵⁴ of Deve	who 2024, at 1750 hrs, I was don't the cor orling				
try me his street 2)	2, new AMIR secondly school. I stopped the car beside				
he school gate, waiting to make an u-turn to pick up my notes, as she was not					
to walk over due to construction werks. As I approved to make the untion, the of Care part me quickly and have, the "Car's R front buper scralled agent the offer car's down, resulting in the accident. Attentich, we stepped at, discurse proceeded to claim income. No one was injured front in the process.					
				- There was no video	or faler dury the accordant because the car does not how any
				dush converses.	<u> </u>

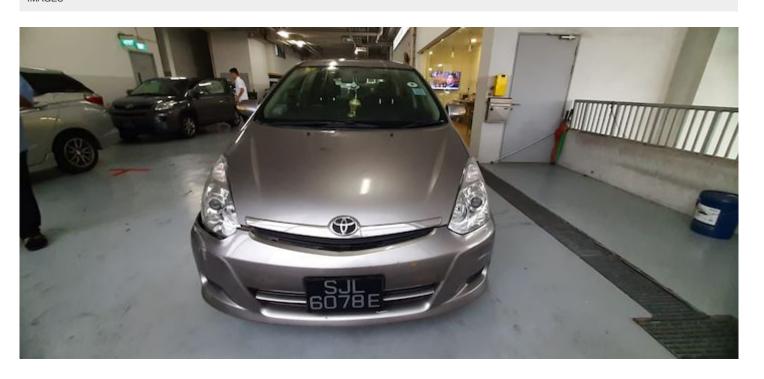
Declaration

tive 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 Centire Personnel (Name as in NRIC/ID: card)

v.htr.2022

2









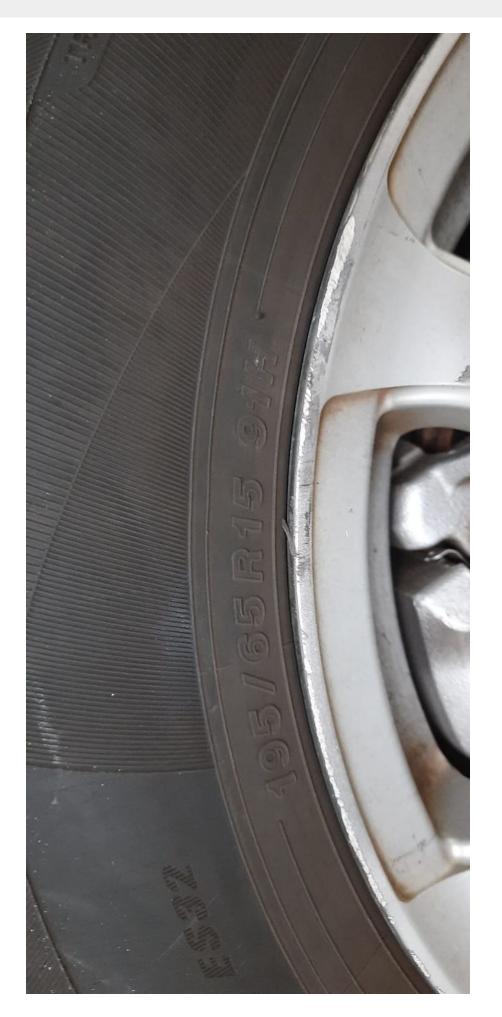














Outlook

Authorisation Email

From Annapoorna Prasad <annuprasad2000@yahoo.com.sg>

Date Mon 23-Dec-24 16:18

Celestia Woo Tze Yinn <celestiawoo@vinsautogroup.com.sg>; gcselgerjos@gmail.com <gcselgerjos@gmail.com>

1 attachment (122 KB) Annapoorna Prasad IC.pdf;

Dear Sir/Madam,

I, Annapoorna Prasad (S2652922J), owner of the vehicle with plate number (SJL 6078E), hereby acknowledge and authorize Gerard Christopher S/O Selvamani, holder of NRIC S9911630G, to report the accident on my behalf.

Accident Details: Car was waiting to u-turn and just as the turn was about to be made, a car came by quickly and the front bumper of this car scratched the door of the other car.

Date: 21/12/2024

Time: 1750 hrs

Location: Ang Mo Kio Street 22

I declare that the above information is true and accurate to the best of my knowledge.

Sincerely,

Annapoorna Prasad

Sent from Yahoo Mail for iPhone