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 Authorised 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.
- rs, you hereby consent to the archiving of this report at the centre and to copies of the report being made available ent of this r

Date Of Accident 29/10/2019 19:05 Exact Location Of Accident SLIP RD OF PAYA LEBAR RD TOWARDS PIE(CHANGI) SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SGD3922R Insured/Policyholder Name Of Registered Owner S3355663E Email Address YKRAM815@GMAIL.COM (LOCAL) +95-91383598 Vehicle Particulars Manufacturer HONDA CIVIC Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company ThiRD PARTY FIRE AND/OR THEFT Driver Name of Driver Name of Driver Name of Dri		ACCIDENT STATEMENT	
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Mobile Number (LOCAL) +65-91383598 Fax Number Contact Number	Gender	MALE	
Fax Number Contact Number	Mobile Number	(LOCAL) +65-91383598	
Contact Number	Fax Number		
WALL THE COMMITTEE OF T	Contact Number		
	EMail Address	YKRAM815@GMAIL.COM	

Address BLK 62 NEW UPPER CHANGI ROAD

#16-1198

Postcode 461062

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SOLE PROPRIETOR

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

. . .

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 this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

cles (including own vehicle)
accident

niured in the Accident?

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC723C

Vehicle Make/Model/Colour SUBARU FORESTER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TILVA SACHIN SUDHAKAR

NRIC/Passport Number S7267076J Contact Number 87230114

Address

Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTR	Ε	Report Date & Start Time:	30/10/2019 10:29
Report No; MT/	D.O.A: <u>29/10/2019</u> Time: <u>19:05</u> <u>hrs</u>	Vehicle Nov SGD3922R	Reporting Type:

SKETCH PLAN

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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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.
- 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:
 - 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.
- (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:
 - 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 / Date & Time

30/10/19 / 10:29

modela

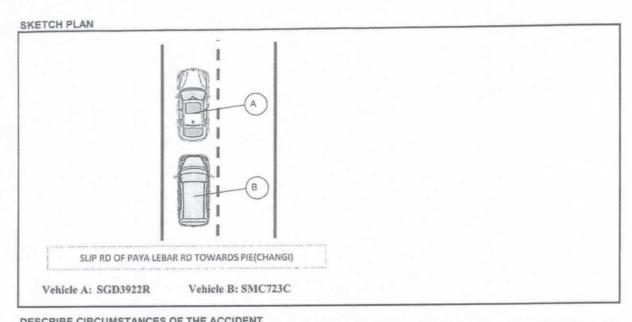
30/10/19 / 10:29

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

Thomas Chen (8098890) Customer (are Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

Sketch Plan Pg. 2



	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT					
Iv	was driving in a slow moving traffic with a passenger on board and suddenly, Vehicle B collide	d onto the	e rear	of my	ca	

Declaration

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

30/10/19 / 10:29

30/10/19 / 10:29

Policyholder's Signature / Date & Time

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

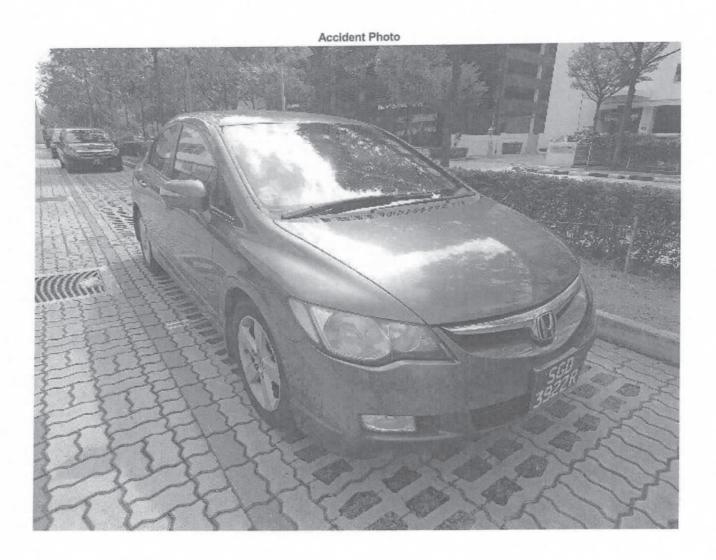
Motor Service Centre Witnessed by Reporting Centre Personnel

Thomas Chen (8098890)









Accident Photo





