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.
- 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 14/10/2020 18:08 (SGT) Date of Accident 14/10/2020 11:55 (SGT) Exact Location of Accident 23, Reflections At Keppel Bay, Singapore Additional Location Information **CLOSE TO CLUBHOUSE 33 LOBBY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH1327F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MAHMOUD ESMAEILI NRIC No. SXXXX570E Email Address M.ESMAEILI18@GMAIL.COM Mobile Phone No (Phone) +65-97383034 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q5 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 your vehicle? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900004359-01 Cover Note Number

DRIVER

Name of Driver EMARD ESMAEILI KARIN SOFIA NRIC No GXXXX855X Date Of Birth 14/05/1969 Occupation Indoor

Date Of Driving Pass 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 Insurance Company of Other Vehicle Owned by Driver	19/01/2015 5 YEARS AND 9 MONTHS Female (Phone) +65-81827537 - M.ESMAEILI18@GMAIL.COM 52 TAMAN NAKHODA VILLA DELLE ROSE - 257769 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction 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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
Name Gender	ELVIRA ESMAEILI Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
INSIDE THE REFLEXTIONS CARPARK. I WAS DRIVING STRAIG 50M FROM THERE, THERE IS AN ENTRY/EXIT ON THE RIGHT. MY DAUGHTER WHEN A VEHICLE SUDDENLY, WITH SOME SI SPEEDBUMP), APPEARS TO MY RIGHT. THERE IS A STOPLIN STOP SO I SLAM MY BREAKS BUT COULD NOT AVOID COLLIE VIEW AS THERE IS A WALL, I COULD NOT SEE THE VEHICLE DRIVING APPROX 15KM/H AS IT INSIDE A CARPARK. KARIN S	PEED (AS HE WAS DRIVING UP A SLOPE AND OVER A E FOR THE OTHER VEHICLE SMU 4154 Z MBUT IT DOESN'T DING WITH HIS FRONT. THE RIGHT ENTRY IS OBSTRUCTED UNTIL HE WAN OVER THE SPEEDBUMP. I ESTIMATE I WAN
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number SMU4154Z
Vehicle Manufacturer -

Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH ZHI PENG
NRIC No	SXXXX098C
Contact Number	(Phone) +65-90033144
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.
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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 insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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.
- 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 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.

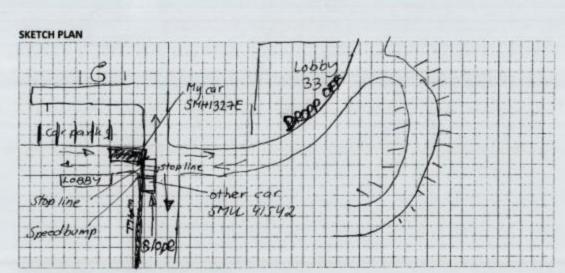
Policyholder's Signature Date & Time:

Driver's Signature

Oriver's signature (If driver is not the policyholder)
Date & Time: 14 (10/10)=0 @ 16:30

Reporting Centre Personnel's Signature Name: Paymul

NRIC/FIN No.: () XX



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Inside The Reflextions Carpark. I was driving towards Lobby 33 to drop of my there is on driving lwos SION some doesnit D but but could not breaks slam his Tront. WITH obstructeo there viewn as the speed bump. MARKET unti was driving approx. estimate inside Karin Sofia Esmaeili Emard G5683855X

DECLARATION

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

Policyholder's Signature Date & Time:

GMRN/C Strockhard print Va

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

14/10-2020 016:30

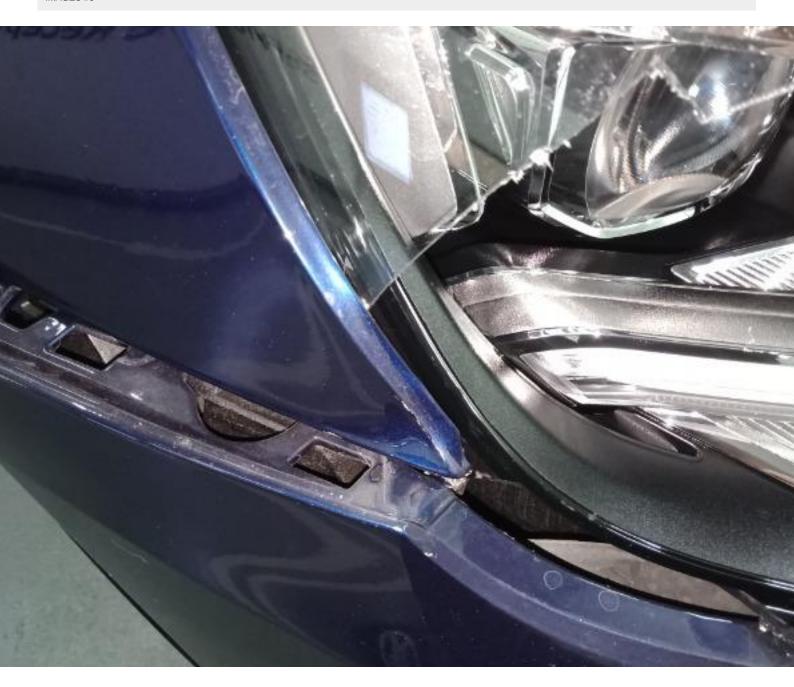
Reporting Centre Personnel's Signature
Name: Raymud Tiry Sing Whi
NRIC/FIN No.: ()

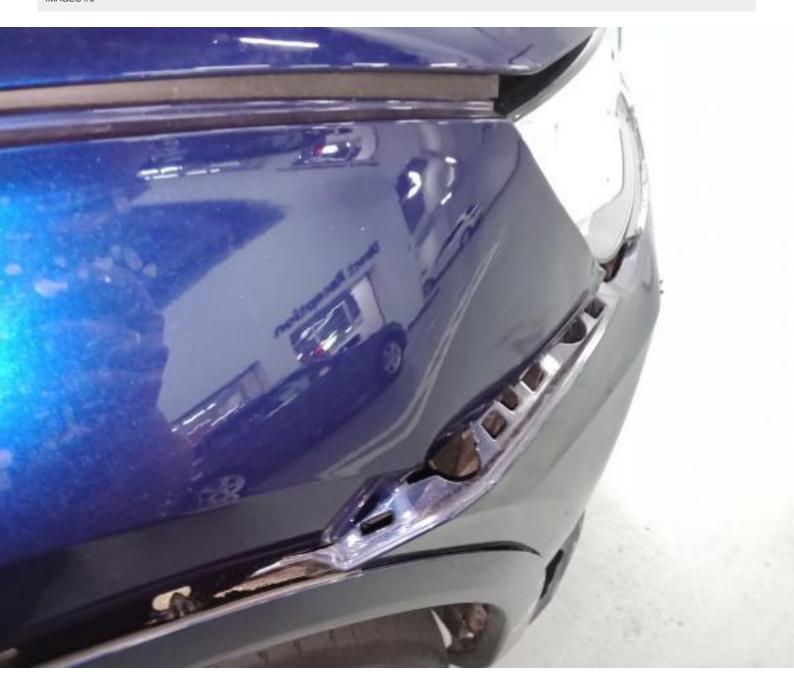


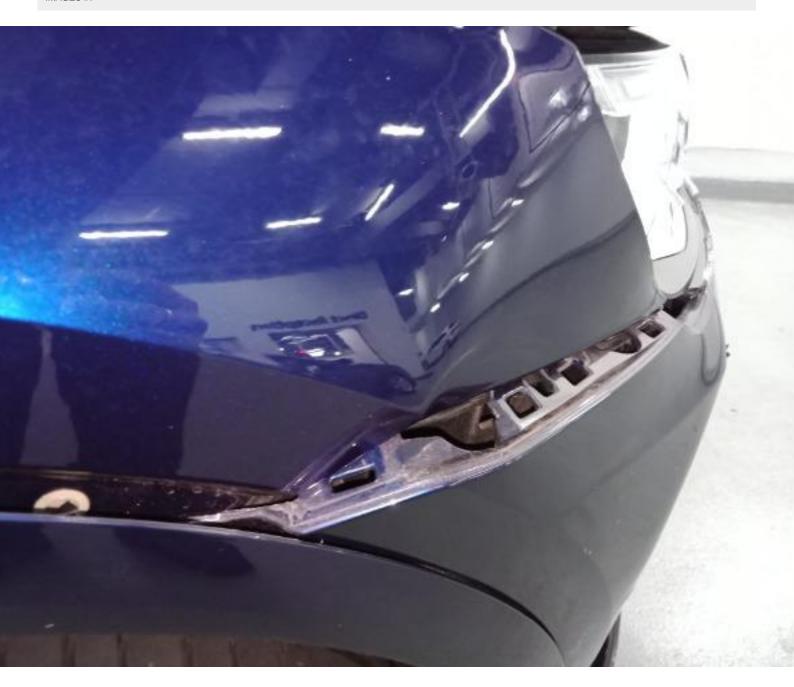












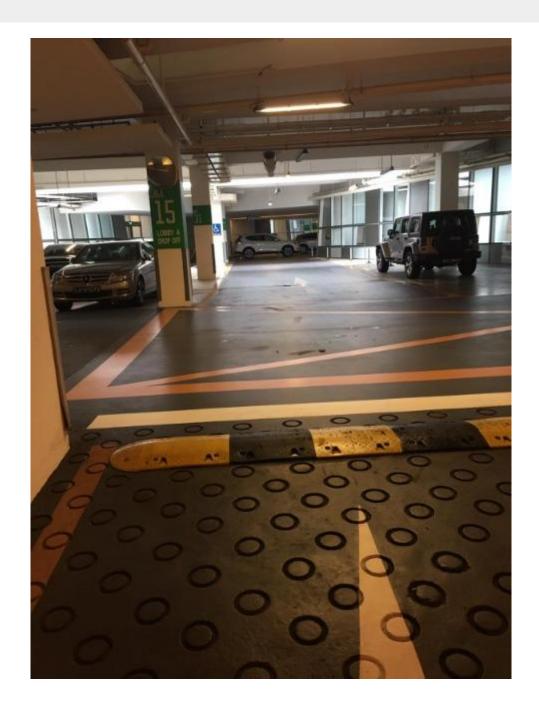


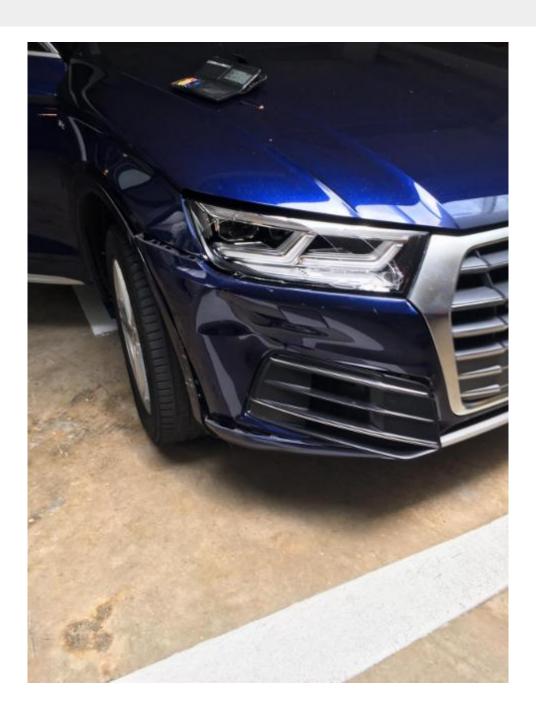


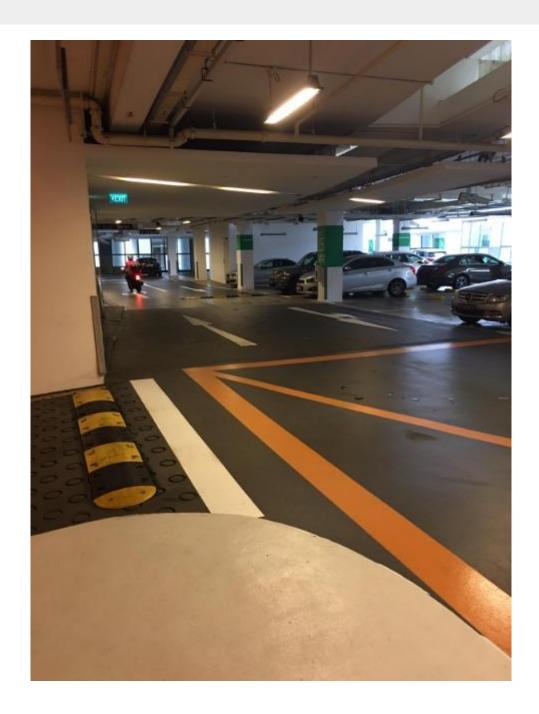


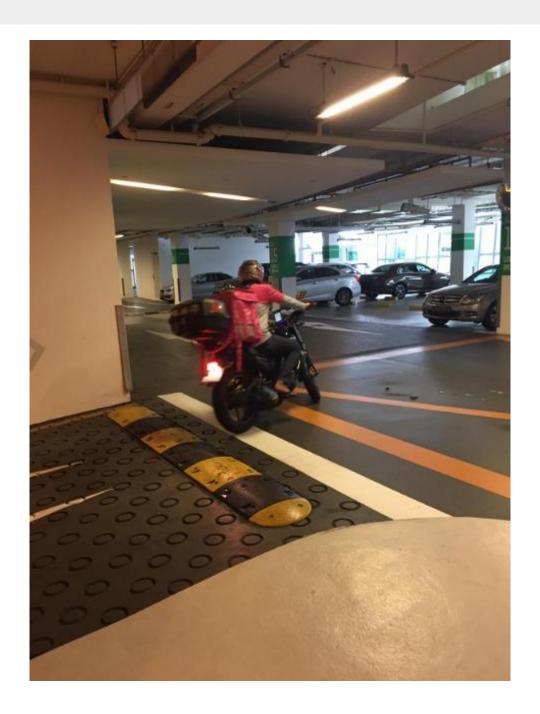


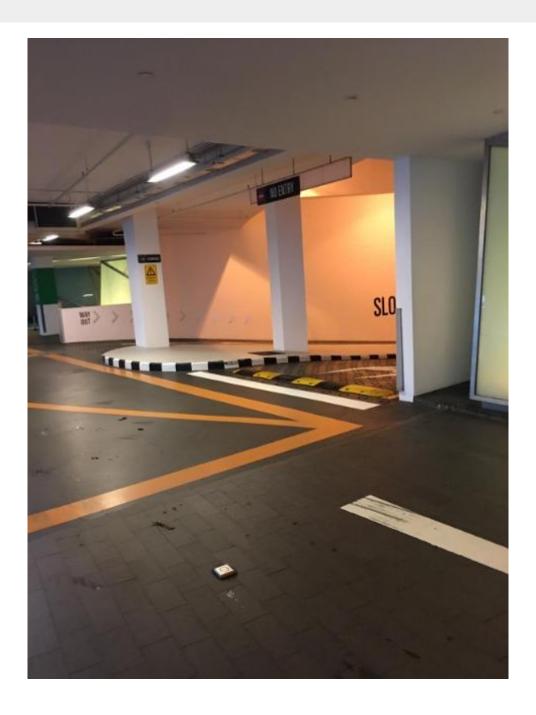


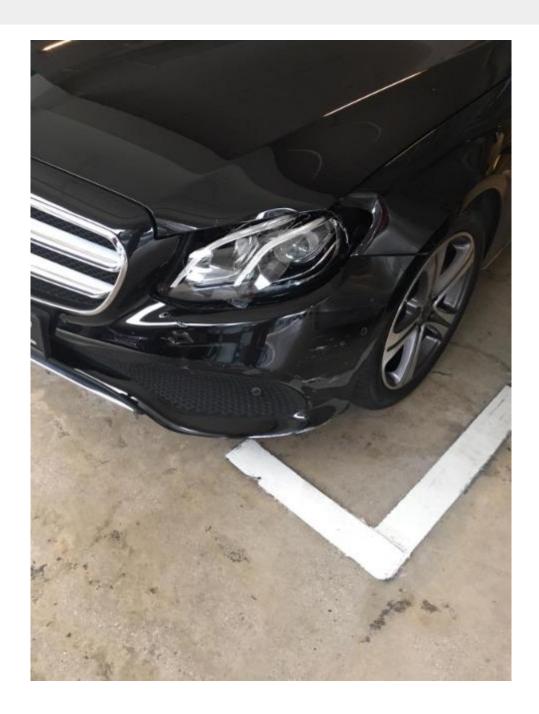


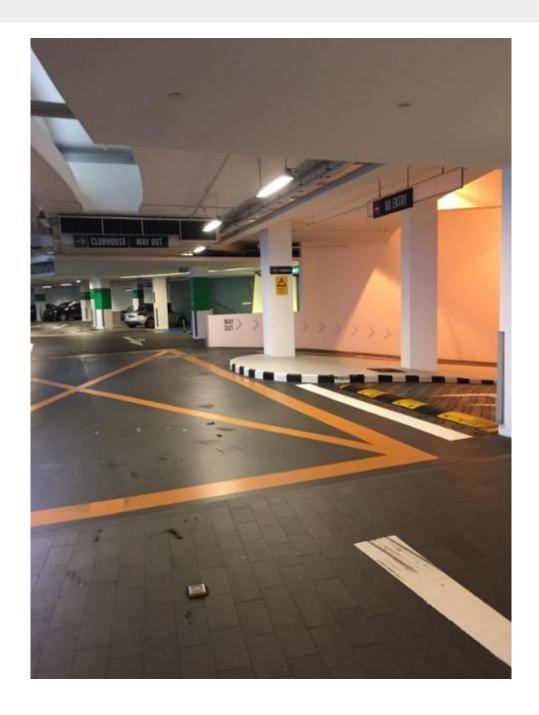


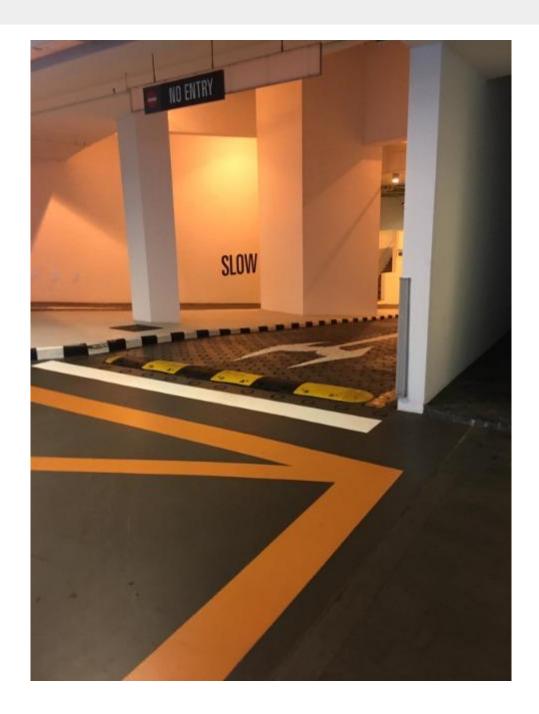


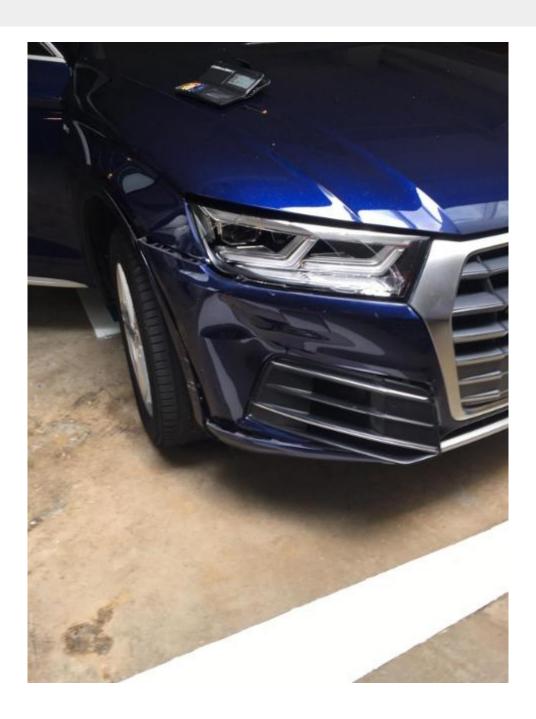


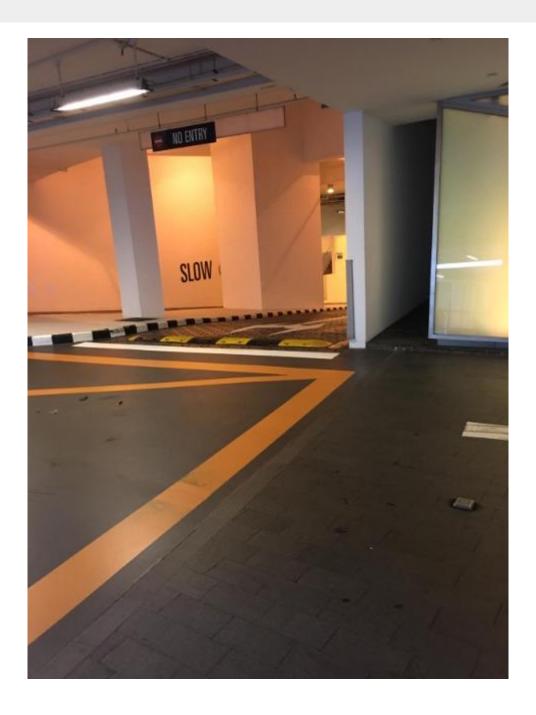






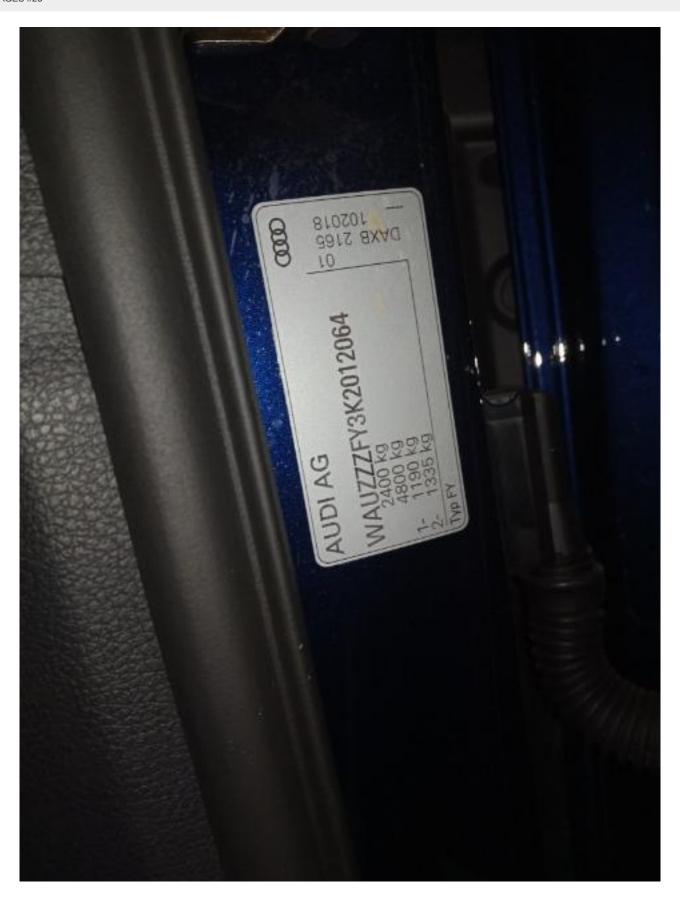






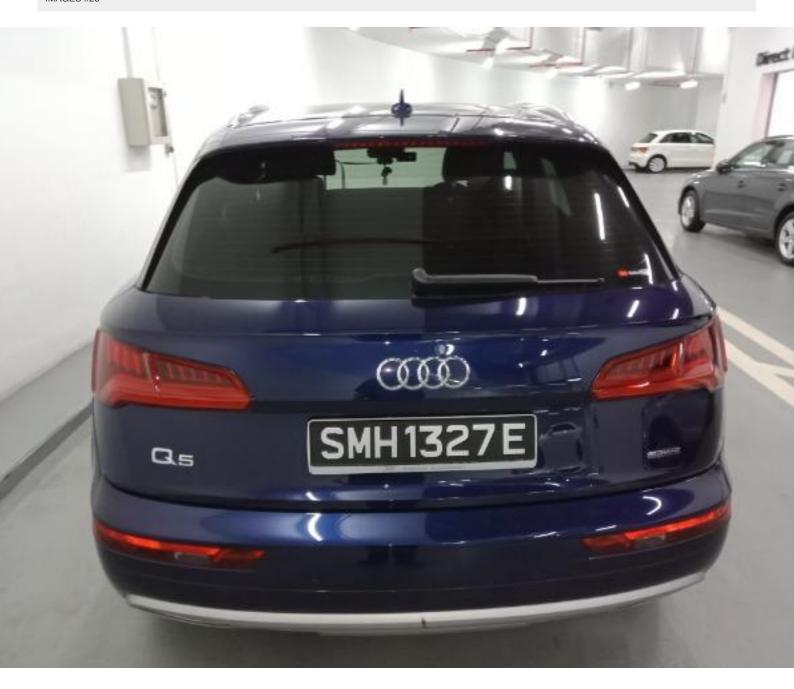






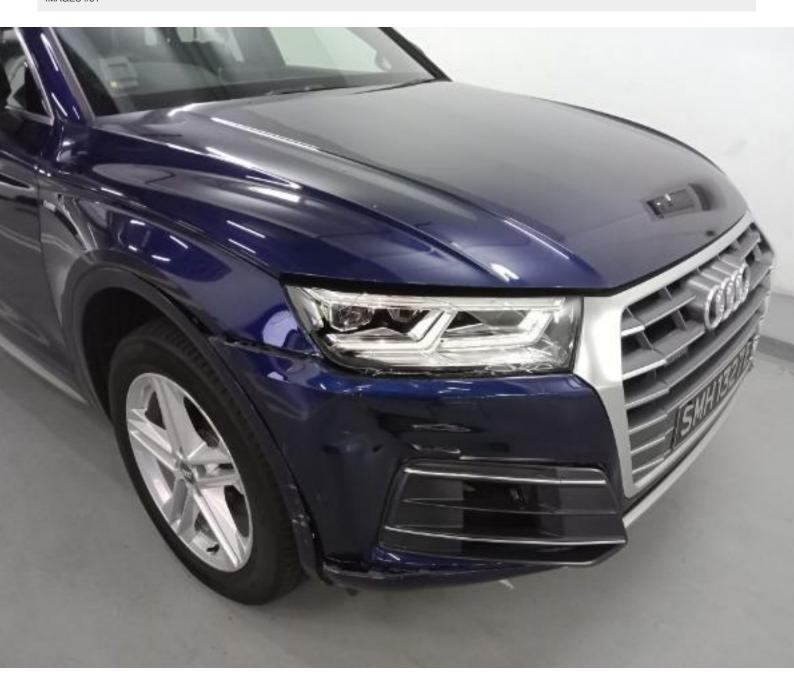




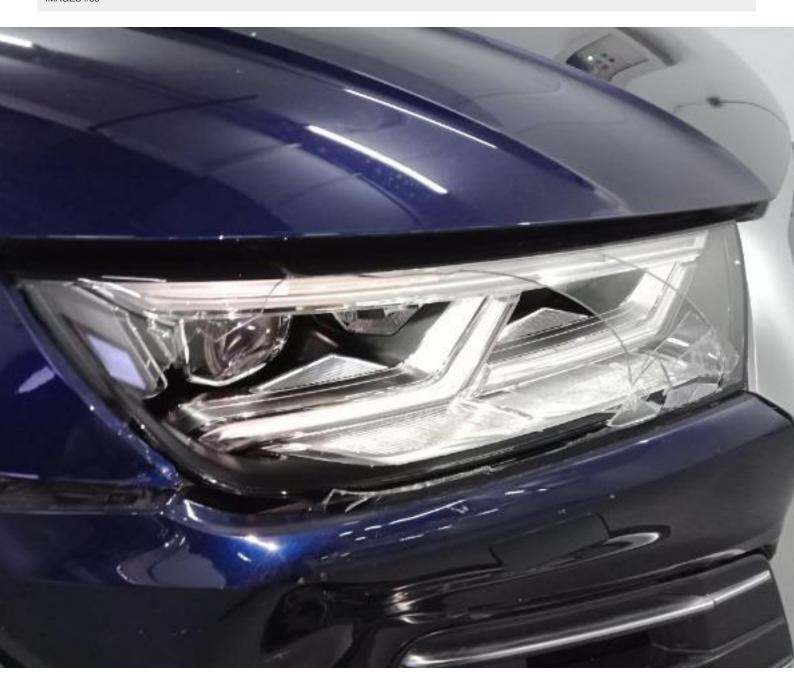
















RES	GENERAL INSURANCE	Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 00 UEN: 566550020G / GST Reg. No.: NA000177	73s
IM	PORTANT NOTE: PI	ease submit the completed Addition whom you submitted the Or	Authorised Reporting Centre
		ADDE	ENDUM
(A)	PARTICULARSOFPI	ERSON MAKING THE AMENDM	MENTS:
	Original Report No	: MPA120090038	Vehicle Registration No: SMH1327E
		: MAHMOUD ESMAEILI	NRIC/FIN/PassportNo : SXXXX570E
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please delete	as appropriate
	Address		Singapore()
	Contact (Tel)		Mobile No.: 97383034
	Email Address		
	Date of Accident	:14/10/2020	Time of Accident :11:55
			S CLOSE TO CLUBHOUSE LOBBY 33
(B)	ADDITIONAL INFOR	MATION / AMENDMENTS: on the above mentioned accid	ANCE PTE. LTD.
(B)	ADDITIONAL INFORM I have made a report make the following a	MATION / AMENDMENTS: on the above mentioned accid	fent and would like to include additional information or
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