### 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 <u>truthful and accurate</u> 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	11/11/2020 16:04	
Date Of Accident	10/11/2020 15:20	
Exact Location Of Accident	TANGLIN TURNING TO ALEXANDRA RD SLIP ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFU7643S	
Insured/Policyholder		
Name Of Registered Owner	ZUTSHI ROHIT	
NRIC No	SXXXX560D	
Email Address	ROHIT_Z@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-96677054	
Alternative Phone No	OFFICE-96677054	
Vehicle Particulars		
Manufacturer	AUDI	
Model	Q3 1.4 TFSI S TRONIC	
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?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100398711-05	
Cover Note Number		

## Driver

Name of Driver PREETI BEHAL
NRIC No SXXXX403I
Date Of Birth 28/12/1975
Occupation INDOOR
Date Of Driving Pass 11/10/2003

Driving Experience 17 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98256973

Fax Number

Contact Number

EMail Address PREETI BEHAL@HOTMAIL.COM

Address 8 ALEXANDRA VIEW

#10-08

Postcode 158747

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Vehicle

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Insurance Company of Driver's Own Vehicle

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### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

### Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

NO

NO

1

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)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

WHILE DRIVING FROM TANGLIN ROAD, I SLOWED DOWN AT THE ZEBRA CROSSING ON THE SLIP ROAD CONNECTING TANGLIN TO ALEXANDRA ROAD. WHILE I STOPPED THE CAR AT THE DOUBLE BROKEN LINES AT THE JUNCTION OF TANGLIN AND ALEXANDRA TO GIVE WAY TO OTHER VEHICLES COMING ON ALEXANDRA ROAD, A CAR FROM HIT MY CAR FROM BEHIND. THE IMPACT WAS POWERFUL. I HIT MY FOREHEAD ON THE STEERING WHEEL. I SUSTAINED BRUISE ON MY FOREHEAD AND IMPACT ON MY NECK. THE OTHER PARTY APOLOGISED FOR THE ACCIDENT AND SHARED CONTACT DETAILS TO CLAIM FROM HIS INSURANCE.

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKZ2630B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TOH CHWEE HONG

NRIC/Passport Number

Contact Number 96822232

Address Postcode

Insurance Company Name

## Name PREETI BEHAL Approximate Age Injuries Sustain Injured person in which vehicle? SFU7643S Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Address Postcode

### Sketch Plan

### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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")
- 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
- 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.
- 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: 11 / 11 / 2024

Driver's Signature

(If driver is not the policyholder)

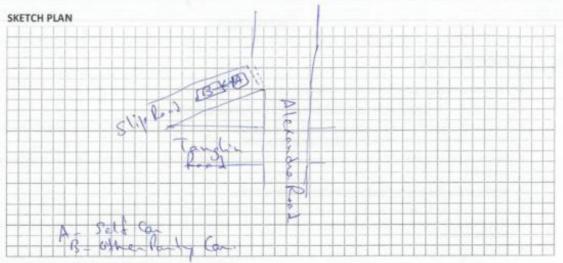
rect Betel

Date & Time: // /1/2020

Reporting Centre Personnel's Signature Name: Um bee sing

NRIC/FIN No.: CASSS 2565m

GIARMC SketchPlanForm\_V3



While	driving from langlin Road, I slowed down
at the	Zebra crossing on the slip road connecting
Tonga	n to Alexandra Road. While I stopped the
	at the double broken, lines at the junction of
	and Alexandra to give way to other
	les coming on Alexandra Road, a car from
	my car from behind.
	The impact was powerful. I hit my
forehea	d on the steering wheel. I custained
bruise	on my forehead and impact on my
neck.	V
	The other party apologized for the
accia	lent and shared contact details to
claim	from his insurance.
O VIDE	

DECLARATION

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

Policyholder's Signature Date & Time: 11/11/2620 3/~/ GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)
Date & Time: 11 (11 2020

Reporting Centre Personnel's Signature

Name: Lyn belsins

ON ALDRES SATE 1





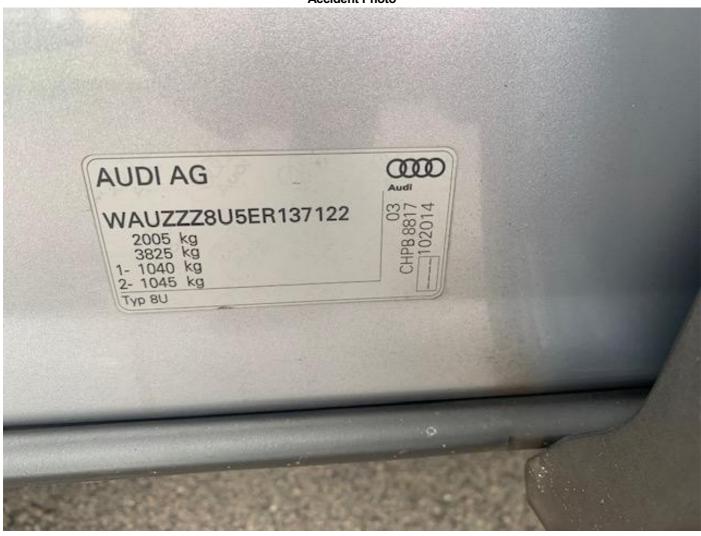


















# Accident Photo SFU7643S

















