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 28/01/2021 14:31 (SGT) Date of Accident 27/01/2021 07:40 (SGT) Exact Location of Accident Singapore Additional Location Information 125 TOA PAYOH OPEN AIR CARPARK (CARPARK NO TPTP27) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKI 7634G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG KIN SENG NRIC No. SXXXX527J Email Address davidwongjazz@yahoo.com.sg Mobile Phone No (Phone) +65-97465925 Alternative Phone No +65-97465925

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf 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?

No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver WONG KIN SENG NRIC No SXXXX527J Date Of Birth 28/12/1972 Occupation Indoor

Date Of Driving Pass 27/05/1996 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97465925 Alt. Phone Number +65-97465925 Email Address davidwongjazz@yahoo.com.sg Address 259 BISHAN STREET 22 #06-307 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MANATCHAYA SIRIVATANA Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο 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 SML8592M Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	
Address complement	-
Postcode	<u>-</u>
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	·····

SKETCH PLAN

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 Authorised Driver</u>.
 3. Information provided must be as <u>truthful and accurate as possible</u>. Any will'ul insrepresentation or withholding of material far allow insurance companies to <u>reputation to light and instruments</u>.
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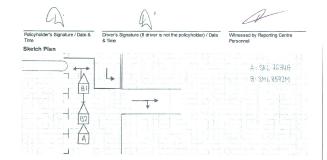
7. By the Lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the CIA.

8. Consent under the Personal balls Protection Act (PDA)

1. understand, acknowledge, agree and consent that:

(a) My insurer in your destination and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (a) My insurance (collective) the "Personal Information") and disclose and transfer such Personal Portion on the Cianter (SIA) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer"), the Insurer's law year-law from. Who flower insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer"), the Insurer's law year-law from, the Mondary Authority of Singapore and ary relevant povernment agencyluturion's (such as the police), for the purpose(s) of "Cianter (sold processed) and shall grander dealing and/or dealing and/or dealing with my claims including the accident of the claims and any necessary investigations relating to the claims.

(ii) processing, hermating among warranty calms including the betweentering to the claims;
(iii) investigating the accident and/or my claims;
(iii) 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 discibute of certain personal data about me to bring about debeyor of the same as we'd as on the external cover of envelopes/mail volcomby/or with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(iv) all insure(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/flaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(in) my Personal information may/com the disclosed by any of the hauters and/or OAIs to their third party service providers or agents (including their law yers/flaw firms), which may be sted outside of Singapore, for one or more of the above Purposes.



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