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 24/02/2021 11:04 (SGT) Date of Accident 23/02/2021 08:40 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS KPE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6623T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SIM LIN XI NRIC No. S8314566H Email Address nancysim83@gmail.com

Mobile Phone No (Phone) +65-92298564 Alternative Phone No +65-92298564

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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?

Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Allianz Type of Coverage Comprehensive

Fleet Policy

Policy Number SP2000078579-01

Cover Note Number

DRIVER

Name of Driver SIM LIN XI NRIC No S8314566H Date Of Birth 15/05/1983 Occupation Indoor

Date Of Driving Pass 05/03/2004 Driving experience 16 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-92298564 Alt. Phone Number +65-92298564 Email Address nancysim83@gmail.com Address **BLK 138 SIMEI STREET 1 #07-38** Address complement Postcode 520138 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE ATTACHED. 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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SMW1682A - -
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

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- 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 ladgement 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, acknow ledge, 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

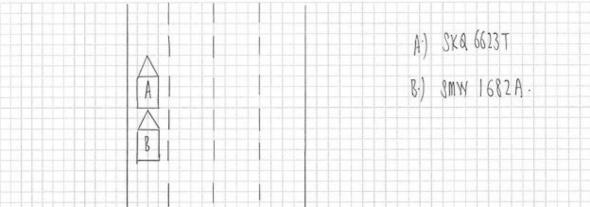
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstances of the Accident	
On 23.02.2021 at about 8.40 am. I was travelling along	
PIE Towards LPE (After Paya Lebal Exit). The front Yehicle Slow down and	
· ·	
stopped. I follow. Suddenly Yehicle 8 hit on my Yehicle.	
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

242/2/0.25 am

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

Witnessed by Reporting Centre Personnel











