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.

aforesaid.			
The state of the state of the	ACCIDENT STATEMENT		
Date Of Report	22/06/2018 16:43		
Date Of Accident	22/06/2018 08:00		
Exact Location Of Accident	ALONG WOODLANDS DRIVE 40		
Country/State of Loss	SINGAPORE		
h the property of the party	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLB1740M		
Insured/Policyholder			
Name Of Registered Owner	MADISETTY SRINIVAS		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	3 SEDAN 1.5-CAPACITY1496		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	D18MTPV01005635		
Cover Note Number	N.A.		
Driver			
Name of Driver	MADISETTY SRINIVAS		
NRIC No	S6960018B		
Address	NIL		
General Information of the Accident			
Type Of Accident	COLLISION - HEAD TO REAR		
Weather Conditions	CLEAR		
Other Information			

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES Number of Passengers (Including Driver) 1

Circumstances of Accident

I was traveling along Woodlands Drive 40, at the traffic junction. Traffic light turned green and my car was moving off slowly but car SLF2344X infront of me did not move and my car front side bump onto the rear of car SLF2344X. No damages to my car. No injuries were invovled. Things to note: Car SLF2344X had an existing damages on its rear door.

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 Make/Model/Colour

Name of Driver

Insurance Company Name

SLF2344X

HONDA/ MOBILIO

ZENG KUMING

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)
- 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") maylare 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 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 (a) insurer(s) who have insured vehicle(s) involved in this accident (a) insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers. It is insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers. It is insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers. It is the process that the process is a process of the process of the
- the police), for the purpose(s) of :

 (i) processing, handling and/or dealing with my claims including the settement of the glaims and any necessary investigations relating to the claims.

- in vivestigating the accident and/or my claims.
 investigating the accident and/or my claims.
 carrying out and/or dealing with my instructions or responding to any enquiries by me.
 administering my claims (including the making of correspondence, statements, muclos, 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.
- disclosure of certain personal data about me to pring about delivery of the same as well as of the external cover.

 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

 (collectively the "Purposes")

 (b) all insurers lewyers law firms of vehicle(s) involved in this accident and the insurers lewyers 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 afted outside of Singapore, for one or more of the above Purposes.

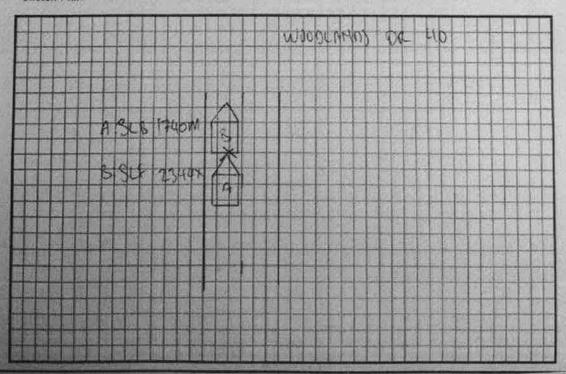
VERIFIED BY AJAX MARS REPORTING OFFICER

Muhammad Faizal

Bin Pabila

Policy officer's Signature Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre

Sketch Plan



Sketch Plan #2

ACCIDENT	STATEMENT	(2000 characters
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22 June 2018 at 2:26 PM

I/We declare that the above particulars & information provided above are true in every aspect
Taxi Voucher No.: DECLARATION We declare that the above particulars & information provided above are true in every aspect VERIFIED BY AJAX MARS REPORTING OFFICER -
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VERIFIED BY AJAX MARS REPORTING OFFICER -
VERIFIED BY AJAX MARS REPORTING OFFICER -
1x [Island
MARS Officer
Registered Owner or Driver's Signature

22 June 2018 at 2:26 PM





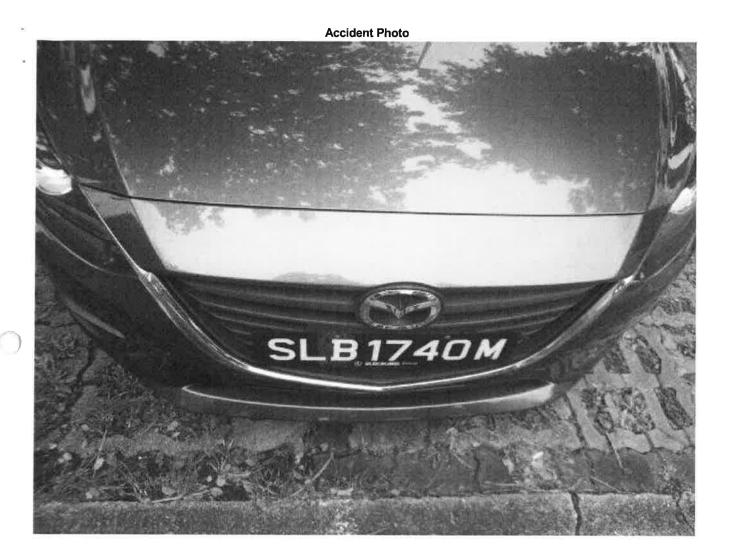












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-80 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours | Monday to Friday, 09:00 - 17:00
UEN \$66500000 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	UM	
Ąj	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
	Original Report No	MBHH18080735	Vehicle Registration No: SLB1740M	
	Name(as shown in NAIC)	MADISETTY SRINIVAS	NRIC/FIN/Passport No : \$6960018B	
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete as a	ppropriate	
	Address		Singapore(
	Contact (Tel)		Mobile No.: 91870629	
	Email Address	srenvas@gmail.com		
	Date of Accident	22/06/2018	Time of Accident :08:00	
	Place of Accident	ALONG WOODLANDS DRIVE 40		
	Insurance Company	Sompo Insurance Singapore Pte. Ltd.		
		1		
		116		
			Mari	
	Policyholder / Driver': Date:	s Signature	Reporting Centre Personnel's Signature Name: May Mi (E-filer)	

Name: May Mi (E-filer) NRIC/FINNo.: \$9375043H

Date: 05/07/2018