

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
- 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 21/06/2021 19:14 (SGT) Date of Accident 19/06/2021 19:40 (SGT) **Exact Location of Accident** ECP, Singapore Additional Location Information ALONG ECP NEAR EXIT 14 B, TOWARDS MCE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7604R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BANERJI SUBROTO** NRIC No SXXXX754Z Email Address SUBROTO80@YAHOO.CO.IN Mobile Phone No (Phone) +65-96554566 Alternative Phone No (Office) +65-96554566

VEHICLE PARTICULARS

Manufacturer

Skoda Model Octavia Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy No Policy Number P10512189R00 Cover Note Number

DRIVER

Name of Driver NRIC No

BANERJI SUBROTO SXXXX754Z

Date Of Birth 22/10/1980 Occupation Indoor Date Of Driving Pass 14/10/2018 Driving experience 2 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-96554566 Alt. Phone Number (Office) +65-96554566 Email Address SUBROTO80@YAHOO.CO.IN Address 808 THOMSON ROAD Address complement Postcode 298190 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 PASSENGER 1 Name MALOBIKA BANERJI Gender Female PASSENGER 2 Name MADAN MOHAN Gender Male PASSENGER 3 Name ANOOP JAYARAJ Gender Male **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 REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT. 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 Vehicle Manufacturer	SKL2298B Mitsubishi
Vehicle Model	<u> </u>
Vehicle Variant	-
Vehicle Colour	2
Vehicle Category	Private car
Name of Driver	20
Contact Number	4
Address	<u> </u>
Address complement	<u>=</u>
Postcode	4
Insurance Company Name	±
Nature Of Damage	<u> 2</u>
Details of property damaged in accident	<u> 8</u>
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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

Lunderstand, 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' 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 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' 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 21-Jan-21, 403pm & Time

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

A-SMH 7604R B- SK12298R

Sketch Plan

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my	con to his waskshop Given my con is heletix	When Turk
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	r's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date With	essed by Reparting Centre onnel