SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

19/07/2021 12:47 (SGT) 16/07/2021 17:03 (SGT)

PIE. Singapore

TOWARDS CHANGI AFTER TOA PAYOH LOR 6 EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMK2568D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

FINNLAYSON TECHNOLOGY PTE LTD

2XXXXX359H

X543210H@GMAIL.COM

(Phone) +65-98515842

+65-98515842

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

Toyota Wish

Employment

No - Claiming third party

Private car

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

DMPCSNW00069962100

DRIVER

Name of Driver

NRIC No

AKHII ANAND RAI SXXXX841Z



Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

11/12/1982 Outdoor

19/04/2012 9 YEARS AND 3 MONTHS

(Phone) +65-98515842

X543210H@GMAIL.COM

BLK 130B LORONG 1 TOA PAYOH #23-514

312130

No

Employee

No

GENERAL INFORMATION OF THE ACCIDENT

Collision - Head to Rear Type of Accident Clear Weather Conditions Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

KOH SENG LAM Name Male Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No Alt. Police Station Phone No (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 Police Station Address No Was notice of intended Prosecution given?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

If yes, against whom?

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJU3458P Vehicle Registration Number Vehicle Manufacturer



Vehicle Model	i di
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	x .e
Address	.=
Address complement	-
Postcode	-
Insurance Company Name	1 1
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

AKHILANAND RAI

INJURED 2

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

KOH SENG LAM
NECK,BACK,SHOULDER
SMK2568D
Yes
No

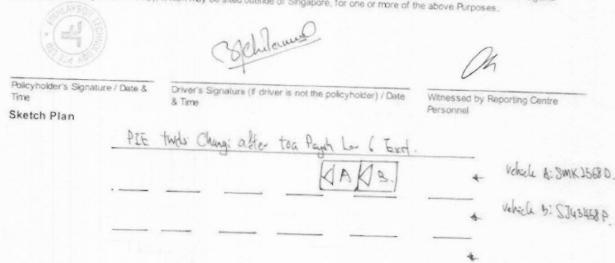
SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. 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") 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
- (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' 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
- (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.



-	On the stated date in time. I relach A was travelling a	100
th	I stall home the to treathe heavy infront of my volvely made	ko
<u>a</u>	Jammed orake I dollared sust Mangert later, vehicle B' could not	8
în	time & hit onto my which near parties.	
	please refer to the police report 1/20210718/7019.	
		_
		_

Declaration

We declare the foregoing particulars are true in every respect.

(H)

Policyholder's Signature / Date & Time

Cachlanul

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

A

Witnessed by Reporting Centre Personnel