© 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 Submission17/09/2021 18:12 (SGT)Date of Accident17/09/2021 12:30 (SGT)Exact Location of AccidentMarsiling Ln, SingaporeAdditional Location Information-Country/State of LossSingapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR7398G

INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 KEE SEOW CHUAN

 NRIC No
 \$7417316J

 Email Address
 JOSEPHKEE@HOTMAIL.COM

 Mobile Phone No
 (Phone) +65-98531603

 Alternative Phone No
 +65-98531603

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited.

Comprehensive

No

P10226870R02

-

DRIVER

Name of Driver KEE SEOW CHUAN NRIC No S7417316J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	01/06/1974 Outdoor 06/01/1997 24 YEARS AND 8 MONTHS Male (Phone) +65-98531603 +65-98531603 JOSEPHKEE@HOTMAIL.COM BLK 214 MARSILING LANE #25-806 - 730216 Yes - No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	GBK4229A Commercial vehicle

Dog 2 of

Postcode - Insurance Company Name -	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

Daga 2 of 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 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 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;
- (ii) 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.

licyholder(s Signature / Øate & ne ketch Plan	Driver's Sign & Time	nature (If driver is not t	Witnessed by Reporting Centre Personnel		
			A -5K	R 73984	
		A	B - GBI	K 4229A	

Daga 4 of 10

I	Mars	driving	in	my	lane	and	I	Fel	t	an	impact	From	behin
		realised											
				- 1.0									
							-						- 79
-													
										31			
						-	_						

Declaration

VWe declare the foregoing particulars are true in every respect.

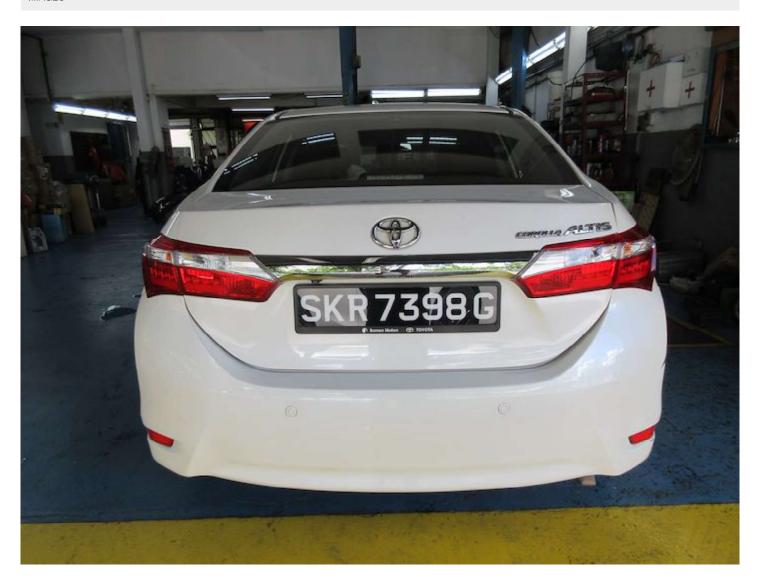
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder & Signature / Date & Time

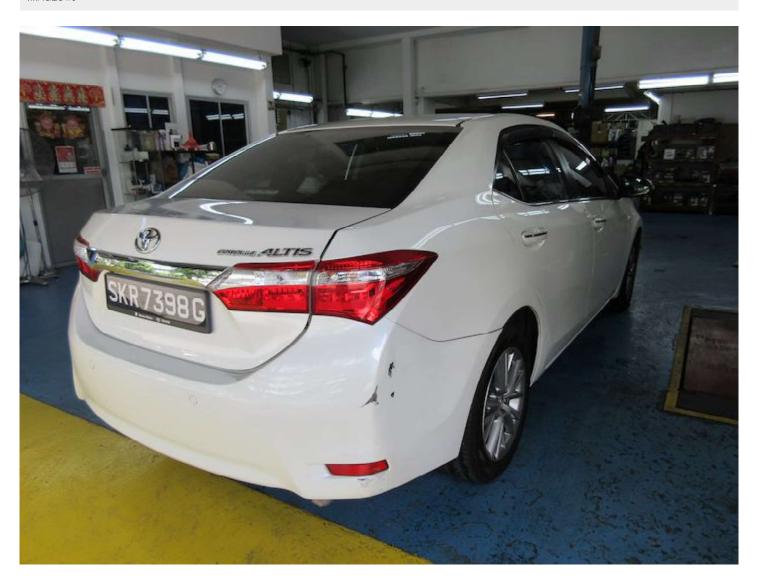
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

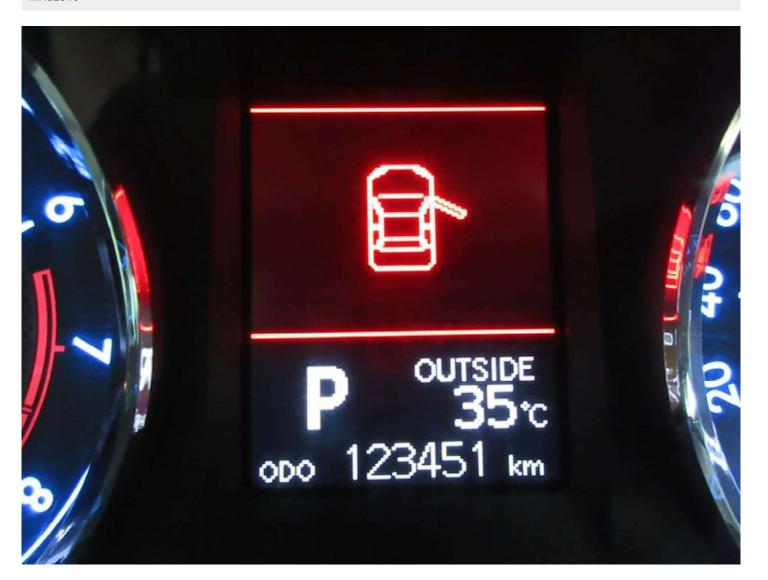
Dogg Fof 1











Daga 10 of 19



-



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SPOUNGHODOG. Vehicle Registration No: Name (as shown in NRIC): QQ Slow ChuanNRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Contact (Tel): Email Address: Date of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: ALATS. PROGRESSIVE CAR CARE PTE LTD Bik 3022A Ubi Road 1 # 01-45/46 Singspore 408716 Tel: 6741 5336 Fax: 6741 7208 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: NRIC/FIN No.:

Date:

GOMESCAS (active) Pour

Daga 10 of 10