

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

- 9. Information provided mast be as distinct and second as positive 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 the control of this report will fee fee the mode qualitable upon application by interested parties. 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	06/10/2021 11:08 (SGT)
Date of Accident	05/10/2021 10:15 (SGT)
Exact Location of Accident	, ,
Additional Location Information	8 Bulim Ave, Singapore
	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6386R
vernere registration realises	SIVVOSOOL

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Subramanian Anandhan
NRIC No	SXXXX443H
Email Address	anandhan2005@gmail.com
Mobile Phone No	(Phone) +65-98366394
Alternative Phone No	+65 08366304

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	Audi A3 A3 SB 1.4 TFSI (AMBIENTE)
your vehicle? Vehicle Category Transmission CC	No - Claiming third party Private car Auto 1398

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01014578
Cover Note Number	21/12/2020-20/12/2021

DRIVER

Name of Driver	Subramanian Anandhan
NRIC No	SXXXX443H

Date Of Birth 20/05/1970 Occupation Indoor Date Of Driving Pass 11/12/2004 Driving experience 16 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98366394 Alt. Phone Number +65-98366394 Email Address anandhan2005@gmail.com Address Blk 628 Jurong West St 65 #13-398 Address complement Postcode 640628 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 on collision 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Kindly refer to the sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 YP9506T

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 Ho Kee Fatt

 NRIC No
 SXXXX974G

 Contact Number
 (Phone) +65-97350663

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

SKETCH PLAN

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 withholding 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. 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 lodgment 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Arund hom

6/10/2/45 ar

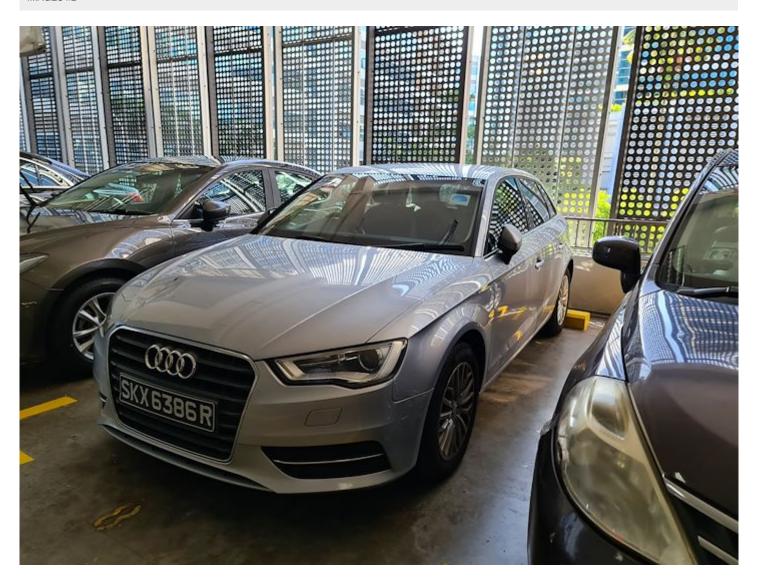
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Ralconcoren, Aunz

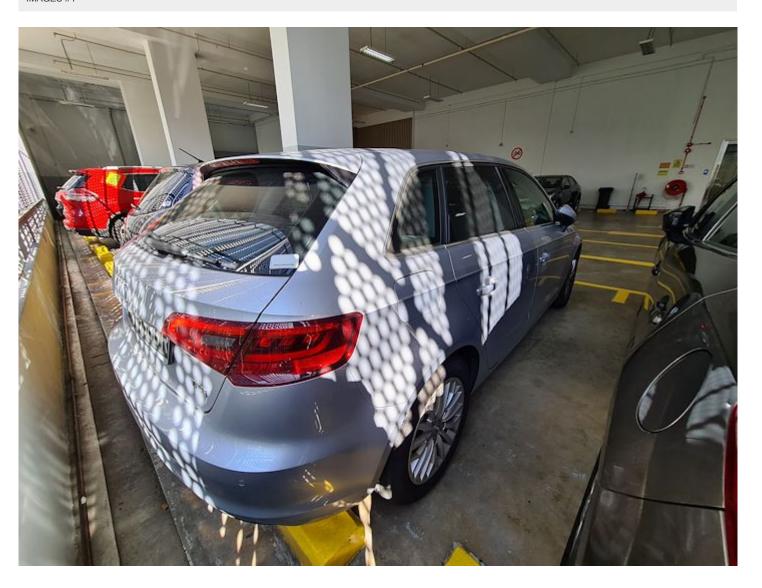
NRIC/FIN No.:

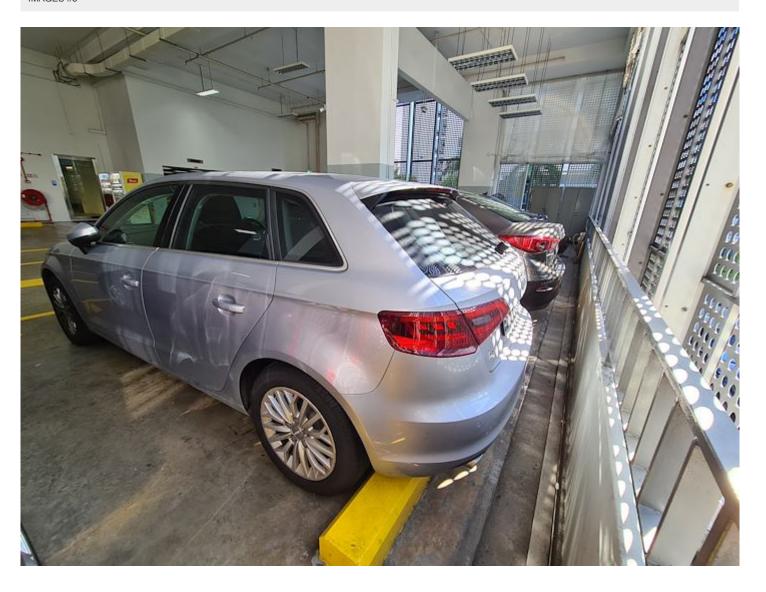
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This Loary was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with more than enough space, suddenly lorry started to reverse and I very notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car single whereby the claim must be made within the stipulated timeframe from the day of occurance. CLIARATION We declare the foregoing particulars are true in every respect. Members. Reporting Only Claim TP Claim OD / TP at other work signature Driver's Signature Reporting Centre Personnel's Signature	KETCH PLAN			
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This Lowry was waiting at the sawed house when I was going to office at 8 Bulim Avenue. I stopped the car with more the enough space, suddenty lorry started to reverse and leep notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car so I started the hit the front of my car single your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CICLARATION Ve declare the foregoing particulars are true in every respect. Mindle of the singulature of the particulars are true in every respect. Mindle of the particulars are true in every respect.				
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This Lowry was waiting at the sawed house when I was going to office at 8 Bulim Avenue. I stopped the car with more the enough space, suddenty lorry started to reverse and leep notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car so I started the hit the front of my car single your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CICLARATION Ve declare the foregoing particulars are true in every respect. Mindle of the singulature of the particulars are true in every respect. Mindle of the particulars are true in every respect.			(h	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This loary was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with mare that enough space, suddenty lorry started to reverse and leep notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car some he has faster than me. Since he was faster than me. CLARATION We declare the foregoing particulars are true in every respect. Migholder's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature		<u> </u>	-4	1 1
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This loary was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with mare that enough space, suddenty lorry started to reverse and leep notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car some he has faster than me. Since he was faster than me. CLARATION We declare the foregoing particulars are true in every respect. Migholder's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature			リ"L	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This Loary was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with more than enough space, suddenly lorry started to reverse and leep notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car since he hit the front of my car since he was faster than me. Cance he was faster than me. Claim OD (Team OD) TP at other work we declare the foregoing particulars are true in every respect.		D		Reversing
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This lowry was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with more that enough space, suddenly lorry started to reverse and I very notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car since he was faster than me. Since he was faster than me. Reporting Only Claim OD (claim) there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect.				ADS DE 8
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This lowry was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with more that enough space, suddenly lorry started to reverse and I very notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car since he was faster than me. Since he was faster than me. Reporting Only Claim OD (claim) there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect.		A - SKX 6386R		- A
This lowry was waiting at the gaurd house when I was going to office at 8 Bulim Avenue. I stopped the car with more that enough space, suddenly lorry started to reverse and leep notifying him by using horn but he didn't stop 80 I started to reverse yet he hit the front of my car since he was faster than me. Since he was faster than me. Reporting Only claim Only claim of claim the day of occurance. CLARATION We declare the foregoing particulars are true in every respect.				
when I was going to office at 8 Bulim Avenue. I stopped the car with more that enough space, Suddenly lorry startes to reverse and Izerp notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car since he was faster than me. Reporting Only Claim OD claim TP the day of occurance. CLARATION We declare the foregoing particulars are true in every respect. Him has Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
when I was going to office at 8 Bulim Avenue. I stopped the car with more that enough space, Suddenly lorry startes to reverse and Izerp notifying him by using horn but he didn't stop so I started to reverse yet he hit the front of my car since he was faster than me. Reporting Only Claim OD claim TP the day of occurance. CLARATION We declare the foregoing particulars are true in every respect. Him has Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	This Loary	was waiting at	the	gaurd house
by using horn but he didnt stop So I Started to reverse yet he hit the front of my CM Since he was faster than me. Reporting Only Claim OD Claim OD Claim TP the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. Micholder's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	when I'c	of enole sur	office	at 8 Bulim
by using horn but he didnt stop So I Started to reverse yet he hit the front of my CM Since he was faster than me. Reporting Only Claim OD Claim OD Claim TP the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. Micholder's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	Avenue.	1 Stopped the	car	with more than
by using horn but he didnt stop So I Started to reverse yet he hit the front of my CM Since he was faster than me. Reporting Only Claim OD Claim OD Claim TP the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. Micholder's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	enough o	inace, sudd	enly	lorry started
by using horn but he didnt stop 8D Started to reverse yet he hit the front of my Car Since he was faster than me. Reporting Only Gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. Humbling Driver's Signature Driver's Signature Reporting Centre Personnel's Signature	to reve	rer and lype	in no	tition him
So I Started to reverse yet he he hit the front of my Car Since he was faster than me. Since he was faster than me. Reporting Only Claim OD Claim TP the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. Human Maria Circle he was faster than me. Reporting Only Claim OD Claim TP Claim OD / TP at other work CLARATION Ve declare the foregoing particulars are true in every respect. Human Maria Circle he was faster than me.	ha whose	have be	he di	der eron
Du had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CCLARATION We declare the foregoing particulars are true in every respect. What was a signature in every respect. Reporting Only Claim OD Claim OD TP at other work CCLARATION Reporting Conly Claim OD TP at other work CCLARATION Reporting Only Claim OD Reporting Conly Claim OD Reporting Only	85 1 63	1011) 504	11 00 C C	ant stop
Du had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CCLARATION We declare the foregoing particulars are true in every respect. What was a signature in every respect. Reporting Only Claim OD Claim OD TP at other work CCLARATION Reporting Conly Claim OD TP at other work CCLARATION Reporting Only Claim OD Reporting Conly Claim OD Reporting Only	1 1 1 1	avree to re	1618	e gen
Du had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CCLARATION We declare the foregoing particulars are true in every respect. What was a signature in every respect. Reporting Only Claim OD Claim OD TP at other work CCLARATION Reporting Conly Claim OD TP at other work CCLARATION Reporting Only Claim OD Reporting Conly Claim OD Reporting Only	ne nii	- The front	-56	my car
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.	Swee	he was s	aster	than me.
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.			-4.00	
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				
cou had been advised by workshop that in the event that you wish to claim gainst your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. CLARATION In the day of occurance in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect. Claim OD / TP at other work in every respect.				1 -
whereby the claim must be made within the stipulated timeframe from the day of occurance. CLARATION Ve declare the foregoing particulars are true in every respect. In the day of occurance of the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature	ou had been advised by w	orkshop that in the event that you	wish to claim	
the day of occurance. Claim OD / TP at other work CLARATION We declare the foregoing particulars are true in every respect. Inches of the day of occurance. Claim OD / TP at other work Claim OD / TP at other work Reporting Centre Personnel's Signature	(FOR SERVICE STORT OF STORT S			
Claim OD / TP at other work CLARATION We declare the foregoing particulars are true in every respect. Inches of the control			etrame from	Claim TP
Ve declare the foregoing particulars are true in every respect.	3	ne day or occarance.		Claim OD / TP at other worksho
humdhum . licyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	ECLARATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
icyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	Ne declare the foregoing parti	culars are true in every respect.		
3.70 (4.71	Anand name.			()
To M. Liman Married Marrie	1.50			$ \times$ $/$
to & Time: (If driver is not the policyholder) Name: Pates warn NRIC/FIN No.:	licyholder's Signature			TO THE REPORT OF THE PARTY OF T

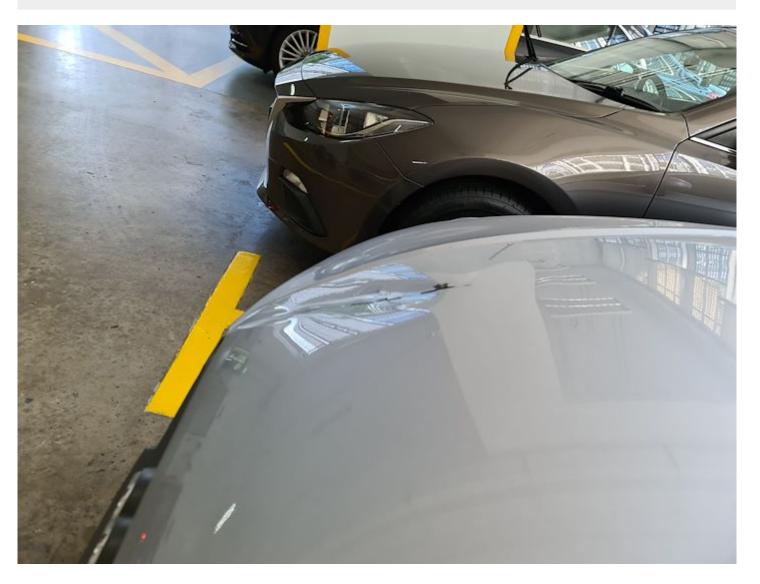


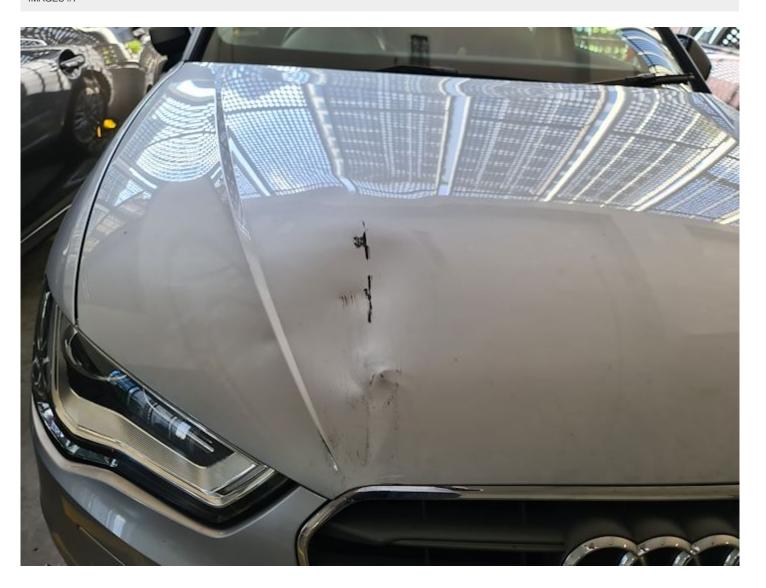


















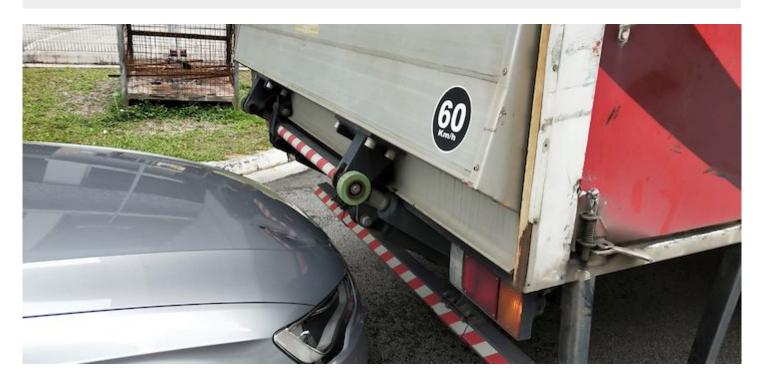














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / 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.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SE0021A60002 ______Vehicle Registration No: SKX6386R Name(as shownin NRIC) : Subramanian Anandhan _NRIC/FIN/Passport No: SXXXX443H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(_Mobile No.:_ Contact (Tel) Email Address Date of Accident : _ 05/10/2021 ____Time of Accident: 10:15 . 8 Bulim Ave, Singapore Place of Accident Sompo Insurance Singapore Pte. Ltd. Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend claim type Reporting Only to claim 3rd party Insurance Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: Ralasunn. Anne

NRIC/FINNo.: Date:

Date: