SA1C21AF0002 / Auto Insure Pte Ltd [608586] ENTRY DATE & TIME: 15/10/2021 16:27 (SGT) SUBMITTED BY: LIM WEI LING VERSION: 1 (15/10/2021 16:27 (SGT))



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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/10/2021 16:27 (SGT) 14/10/2021 15:35 (SGT) Balestier Rd, Singapore TWDS CTE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKT9765G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Work Permit No Email Address

Mobile Phone No Alternative Phone No

SELVARAJI BOOPATHI

G7629202M

INFO.SHANTHIENGG@GMAIL.COM

(Phone) +65-91148759

+65-91148759

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 CC

BMW

740li

AT SR LED DSC NAV HUD

Private use

No - Claiming third party

Private car Auto

2979

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00127842100

DRIVER OF THE SET OF T

Name of Driver Work Permit No SELVARAJI BOOPATHI G7629202M



 Date Of Birth
 12/05/1986

 Occupation
 Indoor

 Date Of Driving Pass
 17/06/2008

Driving experience 13 YEARS AND 4 MONTHS

Mobile Number (Phone) +65-91148759

Alt. Phone Number +65-91148759

Email Address INFO.SHANTHIENGG@GMAIL.COM
Address 453A BUKIT BATOK WEST AVE 6 #08-745

Male

Address complement

Postcode 651453 Is the driver the policyholder? Yes

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane

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 vehicle or property damaged?

Yes

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name PASSENGER Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SML928G

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category Private hire

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

SKETCH PLAN	and any format of strong and any format of the same of
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DESCRIBE CIRCUMSTANCES	
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15/10/2021	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	(If driver is not the policyholder) Oste & Time: Reporting Centre Paragnel's Signature Usine:

NRIC/FIN No.:

Statement sketch-factoring by

Gate & Time:

SKETCH PLAN

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- 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 furns, 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 invoive 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 GtA to their third party service providers or agents(including their inwyers/law firms), which may be sited outside of Singepute, 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 framinegulators, 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 Date & Tienst

Office Colgrature

iff driver is not the policyholder)

Usic & Time:

Reporting Centre Perso

ol's Signature

Name: NRIC/FIN No

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