## SINGAPORE ACCIDENT STATEMENT

Accident Details			
Date of Accident:	10/11/2021		
Time of Accident:	08	: 35	(AM) / PM
Location of Accident:	PIE(	.changi), beto	re Lomie
Country/State of Loss:		٠ ٩٠	
Type of Accident:	their	ad to Reav	
Weather Condition:	Clear / Raining / Not in List		
If Not in List, please spe	cify		
Road Surface:	Dry / Wet / Not in List		feet in
If Not in List, please spe		Main Frank	Green and
Are you claiming under policy for repair to your	your own insurance vehicle?	Yes / No	
If No, please state actio		Third Party / Re	eporting Only
Was any foreign vehicle	involved in accident?	Yes / 🕼	
If yes, please state Vehi	cle No:		
Type of Vehicle:			
No. of vehicles Involved	in the accident (include o	own vehicle)	06.
	proached by unknown per		
Was the accident reported to the police?		Yes / Np	
If yes, police station nar	me:		
Was notice of Prosecuti	on given?	Yes / No	
If yes, against whom?	-		

	The state of the s	
Details of O		
<u>Details of Own Vehicle</u> Vehicle Position		
Vehicle Registration No:	SNA 5110 L	
Vehicle Category:	Privare.	
Vehicle Manufacturer:	bmw Vehicle Model: 523i	
Transmission:	Manual / Auto Cc:	
No. of passengers (includ	ling driver) Q1	
· assenger Name:		
Gender:	Male / Female	
Passenger Name:		
Gender:	Male / Female	
Passenger Name:	· · · · · · · · · · · · · · · · · · ·	
Gender:	Male / Female	
	Male / Female	
Own Vehicle Policy		
Handling Insurer:	NTNL	
Coverage Type: ACT /	Comprehensive / Third Party / Third Party, Fire & Theft	
Fleet Policy:	Yes / No	
Registered Owner Name		
ID Type:	INN. 715.	
Registered Owner ID:	UEN / NOC / Passport or FIN / Work Permit	
Email:	yantra@live.com	
Mobile No:	9619 7380.	
Alt. No Type:	Home / Office / Not in List	
f Not in List, please spe		
Owner Alt Dhene Mar		

<b>Driver's Information</b>	•	
Is the driver the policy holder?	Yes / No	
Name of Driver:	Ethan Tia You-Ze	
Gender:	Male / Female	
ID Type:	NRIC / Passport or FIN / Work Permit	
Driver's ID:	T0020672A	
Date of Birth:	19/05/2000	
Driving Pass Date:		
Mobile No:	9776 5549	
Email:		
Address 1:	50 TON THEK ROAD	
Address 2:	井06-08 5(四月十八)。	
Postal Code:		
Occupation:	Indoor / Outdoor	
Driver Owner Relationship	sibning.	
Does Driver own other vehicle	es? Yes / No	
If yes, please provide Vehicle	Registration No:	
Handling Insurer:		
TP Vehicle or Property		
Was there any other vehicle	or property damaged?	
If yes, please provide:	<b>©</b> .	
<ul><li>(i) Vehicle Registration</li><li>(ii) Vehicle Category:</li><li>(iii) No. of passengers (</li></ul>	No: UJL8023A701 male drive © kia (Black) -7 unknown	
	U CLE1831 -7 01 MAIL AMON	

Passenger Name:			
Gender:	Male / Female		
Passenger Name	whate / Terriale		
Gender:	Male / Female		
Passenger Name	Wate / Female		
Gender:	Male / Female		
	1 -46 (19(5)		
Injured Person's	<u>Det</u> ails		
	ed in the accident?	Yes / No	
Any injured conveyed to hospital by Ambulance?			
If yes, please prov	vide:	Yes / Nø	
(i) Name: (ii) Gender:	Male / Female Person in which Vehicle?		
Witness Details			
Was there any witnesses?		Yes / No	
If yes, please prov	vide:	, , , , , , , , , , , , , , , , , , ,	
Witness Name:			
Witness Contact:			
	F. ASCONIEL		
Are accident pho	tos available for attachment?	Yes / Mo	
Was there any video captured?		Yes /No	
Was there any audio captured?		Yes / No	

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. 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 withholding of material facts may allow insurance companies to repudie 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 conditions and the GIA Records Management Centre established by interested parties. 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 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 afgreed.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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/see the control of the 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 (collection). 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 w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "leave and any relevant." 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 cortain page 1 cover of envelopes/mail 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' 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.

100

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Lowne Vehicle A. CNASILOI PIECCHANAI), DETOVE Vehice B: SJL8013A. vehicle C: unknown kin Vehicle D: SMT1722J VENTUE E: SLN4445H 6 venille F: SLE 183L

Describe Circumstances of the Accident
On the stated date k time, I, vehicle it, INM 5110L,
was traveling on the extreme right lane along the stated renne.
From White
Front vehicle made an abrupt brake and I immediately
brake as will thous 2-3 seconds later, I fest a huge impact
ON MN Velocition and the property of the prope
on my vehicle's rear portion, in which propelled my reliable
for ward and hit onto the front vehicle. Shortly, it was followed
by a second impact.
Topico I

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel