SINGAPORE ACCIDENT STATEMENT

Prease report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

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 Any false reporting may be referred to the Police for investigation.
 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.
 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

29/12/2021 18:10 (SGT) Date of Submission 28/12/2021 17:26 (SGT) Date of Accident 5000 Ang Mo Kio Ind Park 2, Singapore 569554 Exact Location of Accident CARPARK OF ANG MO KIO TECHPLACE II BLK 5000 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SGA9119U Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? CHONG KIM YOONG Name Of Registered Owner SXXXX403C NRIC No rick0328@singnet.com.sg Email Address (Phone) +65-98213984 Mobile Phone No (Home) +65-63843585 Alternative Phone No

VEHICLE PARTICULARS

Mazda Manufacturer 6 Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to accident No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 2000

INSURANCE COMPANY

Aviva Ltd Name of Insurance Company Comprehensive Type of Coverage No 11067499 Policy Number Cover Note Number

DRIVER

CHONG KIM YOONG Name of Driver SXXXX403C

Date Of Birth	02/04/1963
Occupation	Indoor
Date Of Driving Pass	13/07/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98213984
Alt Phone Number	(Home) +65-63843585
Fmail Address	rick0328@singnet.com.sg
Address	BLK 262B COMPASSVALE STREET #09-105
Address complement	- unarray rest 100000
Postcode	542262
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	
Vehicle Registration Number of Other Vehicle	
Insurance Company of Other Vehicle Owned by Driver	
Illisurance company of a simple significance of the significance o	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
Road Sulface	
OTHER INFORMATION	
the distance of the project of the p	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	165
Number of Passengers (Including Driver)	0
the the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	. 140
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	, No
Was notice of intended Prosecution given?	NO NO
If yes, against whom?	· ·
ii yes, againe wee	
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CIRCUMSTANCES OF ACCIDENT	
AND SKETCH	
REFER TO STATEMENT AND SKETCH	
ATTACHMENT(S)	
	Service and
Are accident photos available for attachment?	Yes
Was there any video cantured by Car Camera?	Tes
Descens for not unloading a video of the accident	WITH OWNER
Was there any audio recorded?	No
DETAILS OF OT	HER VEHICLE PROPERTY 1
	uncontrol to the control of the cont
Vehicle Registration Number	GBG6503R
Vehicle Registration Number Vehicle Manufacturer	Particular
Vehicle Model	- 1860 AC 1870
Vehicle Wariant	
VANICIE VARIANT	

Commercial vehicle

(Phone) +65-88115189

STANLEY

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver

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

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 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, 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) of:
 - 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:
 - 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.

BL

Policyholder's Signature Date & Time: XV

Driver's Signature (If driver is not the policyholder) Date & Time: CONFORTDELIRO EROINESPINO PTE LTO EXTERNAL RESINESS OF COST BRANCH NEME & DISMATORE

Reporting Centre Personnel's Signature

Name: MRIC/FIN No.:

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Managaranan										
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	penter my car scaggingy at the pulsey lot, about
	595pm, I have sow 4 notes on my car, the A
	person Name call Stanley had accidentally bung my car,
efe.meniningaoniron	After I have also saw the my car front camera"
	Menry record it.
description of the last	
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I/We declare the foregoing particulars are true in every respect.

2007 Policyholmer's Signature Oxto & Time

Order's Signature

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Name: