SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please 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 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 Submission Date of Accident

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

07/02/2022 15:20 (SGT) 06/02/2022 22:54 (SGT)

250C Compassvale St, Singapore 543250 **BLK 250C COMPASSVALE STREET**

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH2444T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No. Alternative Phone No

CHUA WEI HIAN SXXXX983F ALFCWEIX@YAHOO.COM

(Phone) +65-98595365 (Home) +65-98595365

VEHICLE PARTICULARS

Manufacturer Model Variant

Hvundai Avante

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Private use

No - Claiming third party Private car

Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Auto & General Insurance (Singapore) Pte. Limited. Comprehensive

No

P10674753R00

17/01/2022 TO 16/01/2023

DRIVER

Name of Driver NRIC No

Policy Number

Cover Note Number

CHUA WEI HIAN SXXXX983F



SKETCH PLAN

Budget Direct Vehick SMH 2444T 07/02/2022

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- of Singapore (GA) for erchiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 3. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") registe portition to collect, use, disclose ancier precess my personal data personal information set out in this (form) and any other parsonal information provided by me or possessed by my insurer (collectively the "Persional Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this socialent (ell insurer(s) who have insured vehicle(s) involved in this socialent shall be colocityely referred to as the "insurers"), the insurers' lawyers/law, the Monstery Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of :

(9) processing, handling end/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;

(E) carrying out end/or dealing with my instructions or responding to any enquiries by me;

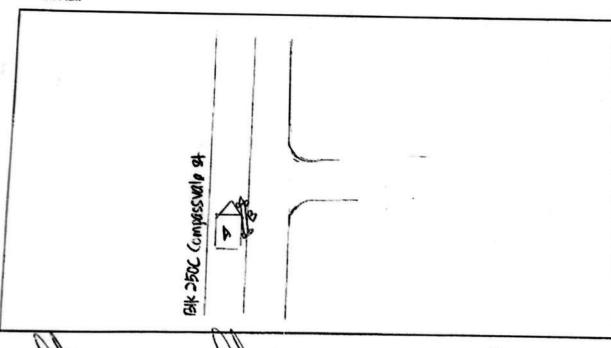
(ar) administering my claims (including the making of correspondence, eleterents, invoices, reports or notices to me, which could involve disclusive of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/me?

(v) complying with explicable law in administering, processing, handing end/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 fixes, may/are permitted to corect, 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 GM to their hird party service providers or agents (including their inwiversalaw firms), which may be shed outside of Singapore, for one or more of the above Purposes.

Sketch Plan



Policyhoktor's Signature / Cate &

Oriver's Signature (# differ is not the policyholder) / Orto & Time

eporting Centre

MOTO.