SINGAPORE ACCIDENT STATEMENT

Please report correctly the details of the accident to speed up the claims process
 This Form must be completed by the Policyholder and/or the Authorised Disease.

3. Information provided must be as truthful and accurate as possible. Any wiful 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 ab admission of colleg 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 erchiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 14/02/2022 19:58 (SGT) Date of Accident 12/02/2022 21:40 (SGT) Near dog park near Katong, Katong Dog Run, Singapore **Exact Location of Accident** FORT ROAD TURNING TO ECP Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SNB296L

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner TAN SAIK HUAT NRIC No SXXXX973G NORAANAT@GMAIL.COM Email Address (Phone) +65-90679077 Mobile Phone No +65-90679077 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

A4 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category Auto Transmission 1984

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No 7210081540 Policy Number Cover Note Number

DRIVER

TAN SAIK HUAT Name of Driver SXXXX973G NRIC No

Date Of Birth Occupation Date Of Driving Pass Driving experience Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Insurance Company of Other Vehicle Owned by Driver

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

Wet

24/04/1958

11/08/1977

+65-90679077

28 PARBURY AVE

44 YEARS AND 6 MONTHS

(Phone) +65-90679077

NORAANAT@GMAIL.COM

Outdoor

467298

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

ON THE NIGHT OF 12/2/22, I WAS DRIVING ALONG FORT ROAD TOWARDS ECP AROUND 21:40 PM. THE ROAD WAS WET FROM THE LIGHT DRIZZLE THAT EVENING. AS I WAS APPROACHING TH ZEBRA CROSSING THE CARS IN FRONT SUDDENLY STOPPED. I WAS UNABLE TO BRAKE IN TIME AND COLLIDED WITH THE CAR IN FRONT (SLM 6176 B). THE IMPACT MOVED HER CAR FORWARD TO COLLIDED WITH THE FIRST CAR SFT 3771 L.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM6176B Vehicle Manufacturer Hyundai Vehicle Model Elantra Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SUSAN SOH Contact Number

(Phone) +65-90627070

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

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DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFT3771L
Vehicle Manufacturery medicine accompanies and	Toyota
Vehicle Model	
Vehicle Variant	
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	DAVID LEE
Contact Number	(Phone) +65-90302181
Address	
Address complement	-
Postcode	-
Insurance Company Name	<u> </u>
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. All 1811 to 0.5 at 1811 the details of the accident to speed up the claims process.
- 2 This FormmusToe completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any will dissepplies entation of withholding of meterial facts may allow insurance companies to repudiate policy liability.
- 4. The save 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 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 afores aid.
- 8. 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") 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' 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 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.

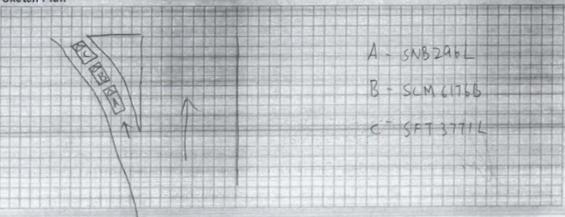
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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

Policyholder's Signature / Date & Time 1년년22 - 1년60

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

Witnessed by Reporting Centre Tonifoon



Mobile At Datails of properly damaged in accident Att Stress No. CI Passenger (Including Driver)

Describe Circumstances o	time Accident	
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first co	or 557 37716.	
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CHARLES AND		
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Declaration		
We declare the foregoing particula	rs are true in every respect.	
Ju.		
folicyholder's Signature / Date & ime 14/2/>2 - 1100 hrs	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel Tay Footg