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 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.

- 4. The issue and acceptance of this is form by instrained 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 25/02/2022 15:45 (SGT) Date of Accident 24/02/2022 18:45 (SGT) Exact Location of Accident Anson Rd, Singapore Additional Location Information OPPOSITE INTERNATIONAL PLAZA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX8267P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAUDHARI AJAY ASHOK Passport No/FIN G5299699L Email Address AJAY.CHAUDHARI@GMAIL.COM Mobile Phone No (Phone) +65-90181837 Alternative Phone No (Home) +65-65255441

VEHICLE PARTICULARS

Manufacturer Audi Model A5 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210004265-01 Cover Note Number

DRIVER

Name of Driver CHAUDHARI AJAY ASHOK Passport No/FIN G5299699L

Date Of Birth 29/11/1978 Occupation Outdoor Date Of Driving Pass 02/12/2020 Driving experience 1 YEAR AND 2 MONTHS Gender Mobile Number (Phone) +65-90181837 Alt. Phone Number (Home) +65-65255441 Email Address AJAY.CHAUDHARI@GMAIL.COM Address **BLK 31 JURONG WEST ST 41** Address complement #04-30 Postcode 649412 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 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? Nο 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 24TH FEB 22 AROUND 1845 PM. I WAS CHANGING LANE FROM 2ND LANE TO THE FIRST LANE AS I HAD TO TURN RIGHT TOWARDS MARINA SOUTH. I WAS ALMOST AT STANDSTILL WAILING TO TURN RIGHT I GAVE MY RIGHT TURN INDICATED AND WAILED FOR OVER 5 SECS BEFORE PROCEEDING RIGHT. HOWEVER, AS I WAS ABOUT TO ENTER THE LANE A GREEN CAR (SHB 1138 A) WHICH HAD APPARENTLY SLOWED DOWN TO ALLOW HER TO CHANGE LANE. SUDDENLY SPEED UP AND MADE CONTACT WITH MY CAR AROUND THE FRONT WHEEL AREA. I PULLED OVER. THE DRIVER OF THE OTHER CAR CAME OUT AND ASKED ME HOW TO SETTLE THE MATTER. WE EXCHANGED PHONE NUMBERS, IC DETAILS, CAR PLATE NUMBERS AND TOOK PHOTO AND VIDEO OF THE DAMAGED AND SURROUNDINGS. THEN I CONTACTED INSURANCE AND AUDI. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHB1138A

MG

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	LIM HA ENG
Contact Number	(Phone) +65-96903637
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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IMPORTANT NOTICE AT MO

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

I understand, acknowledge, agree and consent that

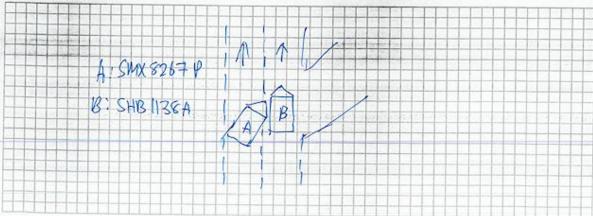
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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