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 22/03/2022 16:12 (SGT) Date of Accident 21/03/2022 14:05 (SGT) Exact Location of Accident Jln Eunos, Singapore Additional Location Information ALONG JALAN EUNOS TOWARDS UBI AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SI R625K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **POON SUI KIT** NRIC No. SXXXX915B Email Address VANCOMYAN79@HOTMAIL.COM Mobile Phone No (Phone) +65-92980459 Alternative Phone No (Home) +65-92980459

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2019-00011705-02 Cover Note Number

DRIVER

Name of Driver POON SUI KIT NRIC No. SXXXX915B

Date Of Birth 14/09/1979 Occupation Indoor Date Of Driving Pass 01/02/2000 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92980459 Alt. Phone Number (Home) +65-92980459 Email Address VANCOMYAN79@HOTMAIL.COM Address 26 TENG TONG ROAD Address complement Postcode 423517 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 - Head to Rear 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? No 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 REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBD5233S
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU YUEZHI
Passport No/FIN	GXXXX276X
Contact Number	-

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 aforesaid.
- 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/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 insurers) 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by ms;
- (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 alled outside of Singapore, for one or more of the above Purposes.

Postut	MAG
Driver's Signature (If driver is not the policyholder) / Dat & Time	e Witnessed by Reporting Centre Personnel
	,
	N SUR 625K
The state of the s	& Time

00 - 21/03/	2012 a	t about 14	:05pm. 1 0	ces travelling.	
				0	
A ma	1 mixes To	idu atanceid	the 1. 1	, mas sproud	
down due +	stre frost	Traffic.	Suddenly	- vehicle B.	
hit the rec	it of out 1	enicle		11.30	
			4 /		
					V
	-		10-10-1		
	LOCATE OF	Acronica	THE PARTY		200
				Mark .	
or to realist the same					
					100
				10 19 AMES 11	
ge - world salveys geter	750 T 1 7 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
		0.0			
		(2-(3-))			-
					13
- 8 · · ·					14
3				(42)	
	and the second			kera .	
					2
	STEPHNISS.			To a first of the control of the con	
					-
					+
claration					
declare the foregoing par	ticulars are true in ever	respect			
Manual	Klow	ut		MACL	
cyholder's Signature / Date		1		11419	



























