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 24/04/2022 14:52 (SGT) Date of Accident 23/04/2022 20:25 (SGT) Exact Location of Accident Singapore Additional Location Information SAINT THOMAS WALK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU3283P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA JIALING DERELYN** NRIC No. S8411104Z Email Address derelyn@gmail.com Mobile Phone No (Phone) +65-91781882 Alternative Phone No (Home) +65-91781882

VEHICLE PARTICULARS

Manufacturer Porsche Model TAYCAN 4+1 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 3996

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number CN166633 Cover Note Number

DRIVER

Name of Driver **CHUA JIALING DERELYN** NRIC No. S8411104Z

Date Of Birth 25/04/1984 Occupation Indoor Date Of Driving Pass 13/09/2007 Driving experience 14 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-91781882 Alt. Phone Number (Home) +65-91781882 Email Address derelyn@gmail.com Address 31 SAINT THOMAS WALK Address complement #29-01 Postcode 238141 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 - Major/Minor Rd 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Nο PASSENGER 1 Name Justin lim Gender Male PASSENGER 2 Name Kate Gender Female PASSENGER 3 Name Alexander xie Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Orchard Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007359999 Alt. Police Station Phone No (Fax) +65-67331934 Police Station Address 51 Killiney Road Singapore 239572 Was notice of intended Prosecution given?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220423/2122

If yes, against whom?

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBQ2745H Vehicle Manufacturer Yamaha Vehicle Model Aerox Vehicle Variant Vehicle Colour White Vehicle Category Motorcycle Name of Driver Aziz Contact Number (Phone) +65-96426061 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	Aziz Male -
Address Complement Post Code Approximate Age Years Old	- -
Injuries Sustained Injured person in which vehicle? Were seat belts worn?	Conveyed by ambulance to hospital FBQ2745H Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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.
- 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.
- 5. 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,
- 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 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' 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:
 - (i) 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.

Policyholder's Signature Date & Time:

24 April 2022

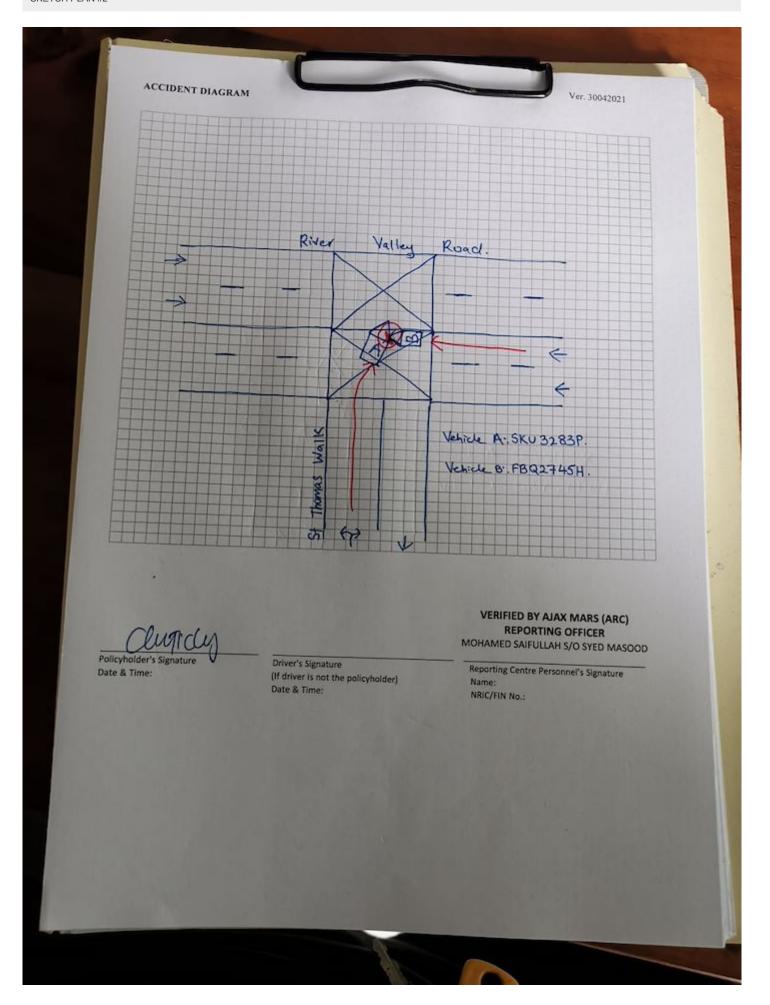
Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIABMC SketchPlanForm V3



SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PLEASE REFER TO POLICE REPORT T/20220423/2122 DECLARATION I/We declare the foregoing particulars are true in every respect. VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SAIFULLAH S/O SYED MASOOD Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

Date & Time:

24 April 2022

2

