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© 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 lability.

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

13/06/2022 12:43 (SGT) 10/06/2022 18:25 (SGT) 11 Stamford Rd, Singapore CAPITOL PIAZZA B3 CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKQ2731R

INSURED/POLICYHOLDER

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

Yes RMG RENT-A-CAR PTE LTD 199100384R elise@rmgrentacar.com.sg (Phone) +65-62351311 +65-62351311

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Toyota

Camry

No - Claiming third party Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Liberty Insurance Pte Ltd Comprehensive Yes SD22V05556/VPZ/R09

DRIVER

Name of Driver Passport No/FIN SINHA SHAIBAL G5179729P



SKETCH PLAN

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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 declase and transfer such Personal Information to at 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 colectively 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

(a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the clarit

- in investigating the accident and/or my claims.
- (c) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- in) 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.
- (callectively the "Purposes")
- (a) at insurer(s) with have insured vehicle(s) involved in this accident and the insurers' lawyers/law finne, 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

Exver's Egnature (# driver is not the policyholde

Witnessed by Reporting Centre Personnel

Sketch Plan

azza B3 CanPark

A: 5KQZ731R

B: 65B5035M

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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 13 6 222

Witnessed by Reporting Centre Personnel