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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 5. Internation provided most be as unusual end accurate as possible. Any willow interepresentation of without got make any allowing policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/08/2022 16:27 (SGT) 04/08/2022 12:30 (SGT) Singapore ALONG RIVER VALLEY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ1774A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

Alternative Phone No.

No RYAN WU WEN HAO S8112419A RYANWU8893@GMAIL.COM (Phone) +65-90018382

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

JADE HYBRID 1.5

Honda

No - Claiming third party Private car

Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7210139699

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

RYAN WU WEN HAO S8112419A 30/04/1981 Indoor

Accident report SM132288000P

Page 1 of 15



ate Of Driving Pass 26/10/2001 Oriving experience 20 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90018382 Alt. Phone Number RYANWU8893@GMAIL,COM **Email Address BLK 192 WESTWOOD AVENUE** Address Address complement #06-26 648151 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? 3 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Name Male Gender PASSENGER 2 UNKNOWN Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1



Page 2 of 15



Registration Number

Inicial Manufacturer

Inicial Model

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver) SMW4471Y
(Phone) +65-97667289
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Accident report SM132288000P



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William Michigan

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- 8. Content under the Prisonal Data Protection Act (PDDA)

Unnebesteed, animowindge, agree and consent that:

- (a) hip issued, my workshop and the General insurance Association of Sugarate ("GIA"), nother parallel described, etc., excluse another process my personal data/personal information ent out to take (form) and any other personal information provided by one or possessed by my insurer (collectively time "Personal Information") and obsides and transfer such Sectional information to a literarch(s) who have insured volitate(s) involved in this accident (of insurer(s) who have insured reficiely incolved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/anchors, the Monetery Authority of Singapore and dry relevant government agency/antionity (such as the police), for the purcose(s)
 - (i) processing, maiding end/or dearing with my claims including the sottlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or ray claims:
 - [4] temping out and/or desing with my instructions or responding to any empiries by may
 - (iii) administering my claims (including the mating of correspondence, statements, invoites, reports or notices to me, which could levelve disclarate of cartain personal data about mate bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (w) complying with applicable law in administration, a occasing, bending antifer dealing with my claims (collectively the Parposes"
- (b) all interests) who have intered weblate(s) invoked to this excident and the insurers' towyers have from, may fare permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpases; and
- (c) they Personal Information may from the disclosedity day of the insurers analog SW to their visite party service providers or agonaline briding their lawyers/law firms), which may be alted outside of Singapore, for one or more of the above Purposes,
- [6] my Personal Information will also be collected and used to compile chiefs listory for the purpose of traud detection, investigation and management in present and all it true claims.
- (c) the hiormation so collected under (d) above may be shared / discipled:
 - [4] to all insurers and/or any other thind parties that assist to evaluating investigating controling or rapinging freed, regulators, fow enforcement and government agencies as reasonably regularit for the purposes stated, or

[4] for complying with regularizants under any regulations, laws or cours orders.

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Driver's Signature (if driver is not the policyholder) Date & Line

Ropo, this Centre Personnel's Signature

Mante. NR.C/FIN No

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Accident report SM132288000P

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