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 Actual 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.

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 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 08/11/2022 17:25 (SGT) Reported by Date of Accident 07/11/2022 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information TPE BEFORE HOUGANG EXIT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKW4331S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SHANTI D/O K A NAIR NRIC No S1271093C Email Address NAIRS37@YAHOO.COM Mobile Phone No (Phone) +65-97711687 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model Variant MAZDA / MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002951041-01

DRIVER

Name of Driver SHANTI D/O K A NAIR NRIC No S1271093C Date Of Birth 14/07/1957 Occupation Indoor

Date Of Driving Pass 17/05/2005 Driving experience 17 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97711687 Alt. Phone Number Email Address NAIRS37@YAHOO.COM Address APT BLK 501 ANG MO KIO AVENUE 5 Address complement #10-3718 Postcode 2056 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

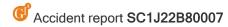
Yes

Yes

Reasons for not uploading a video of the accident WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSJR5203KVehicle ManufacturerToyotaVehicle ModelCorollaVehicle Variant-Vehicle ColourWhiteVehicle CategoryNA / UnknownName of DriverYEO KAI CHENG



NRIC No	S9505343B
Contact Number	(Phone) +65-93867521
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

etails		
n 7th Nov 2022 at around 7.30pm, i am driving the care and knocked into my driver side.	g SKW4331S travelling striaght along Tpe before Hougang Exit when	vehicle B SJR5203K changed lane without
e care and knocked into my driver side.		
claration		
e declare the foregoing particulars are true in	every respect.	
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1 8/11/22		rcv.
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SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly, the details of the accident to speed up the claims process.
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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 lawyers 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 claim;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructons or responding to any equiries 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.

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Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the poleyholder) / Date & Time	Witnessed by Reporting Centre Personnel
ch Plan	- Contracts	15.00000000









