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 05/12/2022 13:51 (SGT) Reported by Date of Accident 03/12/2022 12:38 (SGT) Exact Location of Accident Rochdale Rd, Singapore Additional Location Information ROCHDALE ROAD AND UPPER PAYA LEBAR ROAD JUNCTION/INTERSECTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

1984

Vehicle Registration Number SLN7781S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SELVARATNAM SUTHESH ARTHUR NRIC No S7714676H Email Address SUTHESH.ARTHUR@GMAIL.COM Mobile Phone No (Phone) +65-90265601

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Α5

Variant SPORTBACK 2.0 TFS

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? Yes Vehicle Category Private car Transmission Auto

CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 1900260824-03

DRIVER

Name of Driver SELVARATNAM SUTHESH ARTHUR NRIC No S7714676H Date Of Birth 03/06/1977

Occupation Indoor Date Of Driving Pass 06/08/1998 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90265601 Alt. Phone Number Email Address SUTHESH.ARTHUR@GMAIL.COM Address 167 TAI KENG GARDENS Address complement Postcode 535439 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? 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 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TURNING LEFT FROM A STATIONARY POSITION AT ROCHDALE ROAD AND UPPER PAYA LEBAR INTERSECTION. I WAS MOVING FROM ROCHDALE ROAD ONTO UPPER PAYA LEBAR ROAD. THE VEHICLE IN FRONT OF ME (SMJ944U) WAS DOING THE SAME. AS SOON AS IT TURNED OUT, IT JAMMED THE BRAKES AND I HIT IT FROM BEHIND ON THE LEFT FRONT SIDE OF MY CAR AND THE REAR RIGHT SIDE OF HIS CAR. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMJ944U Vehicle Manufacturer Honda

Shuttle

White

Vehicle Variant
Vehicle Colour

Vehicle Model

Vehicle Category	Private car
Name of Driver	LEONG YEW KONG
Contact Number	(Phone) +65-97317270
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Hease 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The report will be forwarded by the insurers of the GA 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, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (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' 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 sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date

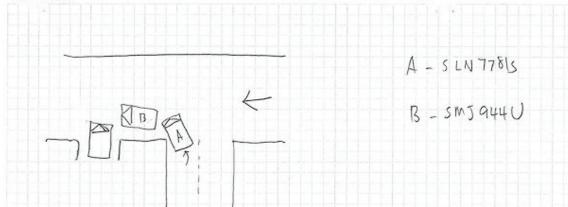
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Witnessed by Reporting Centre Personnel Ton Four

Time //9

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Skeich Plan



Describe Circumstances of the Accident
I was turning left from stationary position at Rochdole Rd and Upp Paya Lebar intersection. I was moving from Rochdole Rd onto Upp Paya Lebar Road. The vehiclie in front of me (SMJ 9444) was doing the some. As soon asit turned out, it Gammed the brakes and I hit it from behind on the left side front side of my car and the rear
Use Paus Lebian intersection. I was movine from Rochdale Rd onto
Ulno Raya Lebax Road. The vehicle infront of me (SMJ9444) was doing
the some. As some asit turned out it Gammed the brakes and I hit
it Con behind on the last side front side of my car and the rear
right side of his car.
The sate of 113 car.

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

Witnessed by Reporting Centre Personnel Tony Foony















