Veh No: SN D 3701D Yr Regn: 2021 / Dec Estimated Cost: Type/M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Dpd Cossland cc 199 at Workshop m/s of Sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA sp.Reading 7683 T/Radio: Insured / Std / NI / NA Sp.Reading	.SS. REG. BV: ASS	SIGNMENT
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SA1L22CE0001 / AUTO GERMANY PTE LTD ENTRY DATE & TIME: 14/12/2022 16:28 (SGT) SUBMITTED BY: Wong Chee Meng VERSION: 1 (14/12/2022 16:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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

14/12/2022 16:28 (SGT) Both 14/12/2022 08:15 (SGT) Singapore BARTLEY VIADUCT NEAR KAKI BUKIT AVE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SND3701D

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No. No

JAANVI CHAWRA SXXXX680A

JAANVI@CHAWRA.NET (Phone) +65-91505265

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

Opel

Crossland

CROSSLAND X1.2

Private use

No - Claiming third party

Private car

Auto

1200

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited CN150944

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

JAANVI CHAWRA SXXXX680A 03/11/1976 Indoor



Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

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?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver

NRIC No

GBL2843J Nissan

25/05/2015

Female

437436

Chain Collision

Raining

Wet

No

No

Yes

No

No

No

Yes

No

7 YEARS AND 7 MONTHS

(Phone) +65-91505265

JAANVI@CHAWRA.NET

9 RHU CROSS #05-01

Nv200

Gray

Commercial vehicle LOW JUN JIE

SXXXX804B

Accident report SA1L22CE0001

Page 2 of 13

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

(Phone) +65-82013985

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Work Permit No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

YM8048X

Mitsubishi

Goods vehicle

SELVARASU BRABU

OXXXX7467

(Phone) +65-90821773

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he couldn't break in time	
this was in the morning between	en 8:15 - 8:30am
Video Cam recording and photos	provided
- D - 100 of Col 28431	MP of 1N 8048x
driver has been provided.	The second secon
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CLARATION No declare the foregoing particulars are true in every respect	NINA
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Driver's Signature	Name Name(#IN No

IL POBLANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

- 2. Pres form must be simpleted by the Policyholder and/or the Authorised Driver. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material is falso insurance companies to repudiate policy liability-
- faformation provides to repudlate 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
- S. Any false reporting may be referred to the Police for investigation.
- 6. 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 aforesald.
- 8: Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that:

- 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 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;
 - (hv) 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")
- 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 Porposes; and
- 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.
- 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 traud. 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

cholder's Signature

24-Dec - 22

ser with the services of the

Delver's Signature (If driver is not the policyholder) Date & Time:

Personnel's Signature Reporting Centre

NRIC/FIN NO