SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

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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Any false reporting may be referred to the Police for investigation.
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.
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

30/01/2023 12:35 (SGT) Both 28/01/2023 19:15 (SGT) Kaki Bukit Rd 3, Singapore

BEFORE TURNING INTO BEDOK NORTH ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLA6512C

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No

PEE KIAM BEE S7027233D KIAMBEE@GMAIL.COM (Phone) +65-98897138

VEHICLE PARTICULARS

Model Variant Exact purpose for which vehicle was being used at time of accident

Manufacturer

Toyota **ALTIS**

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

No - Claiming third party Private car

Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Auto & General Insurance (Singapore) Pte. Limited. P10710798R00

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

KLAUS RJ PEH S9916909E 24/05/1999 Indoor

Date Of Driving Pass 3 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-84189338 Mobile Number Alt. Phone Number PEH.KLAUS@GMAIL.COM **Email Address** BLK 324C SENGKANG EAST WAY #12-605 Address Address complement 543324 Postcode Is the driver the policyholder? No Child 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 - Change/cross lane Type of Accident Weather Conditions Raining Wet Road Surface 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) 3 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 SOH SIEW HUI Name Female Gender PASSENGER 2 Name **ERRICK** Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG KAKI BUKIT ROAD 3 ON THE EXTREME LEFT LANE. VEHICLE B ON LANE 4 SUDDENLY CUT INTO MY LANE AND HIT ONTO MY RH SIDE PORTION OF MY VEHICLE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

04/09/2019

Vehicle Registration Number	SMA2664L
Vehicle Manufacturer	-
Vehicle Model	an and an analysis of the second
Vehicle Variant	₩ 0
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	(Phone) +65-97545376
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	4

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- Reaso report correctly the details of the accident to operation the claims process.
- 2. This Personner has commissed by the Perferhelds; andler the Avitoricy of Perfect.
- 3, intermillips provided asset 65 or unshipt and nestroic as no pellate. Any will interpresentation or multiplicity of necessarilles a companies to provide a policy debility.
- 4. The is our and societization of this Formby insurance companies is per an admissible of policy liability on the part of the insurance
- 5. Any lets a counciling may be referred to the Police for levertication.
- 6. The report will be forwarded by the insurers of the GP. Pecords Management Centre established by the Central Insurance Association of Singapore (CIA) for archiving and that copies of this report will for a fee be made as about a performing by the certain parties.
- 7, by the ladgement of this report to the averages, you hereby consent to the architish of this report of the centre and to copies of the s. Consent under the Personal Data Protection Act (Paper)

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(i) processing, handing radios desing with my civing including the selflement of the claims and any necessary investigations relating to (ii) investigating the accident and/or my claims;

(W) carrying out ession depling in thing instructions or responding to any anguitas by may

(b) administring my claims (lackeding the making of correspondence, electerants, swoices, reports or notices to me, which could involve clearly not correspondence, electerants, swoices, reports or notices to me, which could involve clearly not correspondence, electerants or correspondence to me, which could involve clearly not correspondence are not considered to me, which could involve clearly of the came as well as on the external cover of involves/med

(v) complying with suplicable law in administrating, processing, handling under dealing with my claims.

(b) all insurants) who have insured vehicle(a) involved in this excident and the localizer's low version three, maybe exercised so excident and the localizer and/or process has Parachal Evernation for one or more of the above Purposes; and

(a) my Parsonnel information may/can be discluded by any of the resulters analog GIK to their third party service providers of agenty (notating their towyweeden firms), which may be sked outside of Sheepere, for one or more of the above Purposes.

Titure / Cale & Driver's Signature (Flanver is not the policyfiction) / Date & Time Sketch Plan Winosped by Reponing Contro Personnal Penicle A - SLAUSISC REPIETE B- SWED DECPTE H

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