

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.

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

16/02/2023 18:17 (SGT) Both Policyholder and Actual Driver 28/01/2023 08:14 (SGT) Singapore CHONG PANG CAMP GUARD POST Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMY1149M

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No. No

SRIHARAN MENON SXXXX300B COO_HARAN@HOTMAIL.COM (Phone) +65-81571402

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

Mazda

3

Private use

Yes

1498

Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No. Date Of Birth Occupation

Accident report ST12232G0002

Auto & General Insurance (Singapore) Pte. Limited.

SRIHARAN MENON SXXXX300B 24/04/1992 Outdoor

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 Phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? 04/06/2013 9 YEARS AND 7 MONTHS Male (Phone) +65-81571402

COO_HARAN@HOTMAIL.COM BLK 417 WOODLANDS STREET 41, #06-135 S(730417)

Yes No

> Collided into Property Clear

No 1 No

Dry

-No 1 No -

> Yes Woodlands Division Headquarters

(Phone) +65-18004660000 1 Woodlands St 12 Singapore 738622 No

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Yes

-SECTION PROPERTY.

IMPORTANT MOTOR

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Medical markets be statuted

Die & Tere

13 FEB 23 / 1750 HRS

Triver's Equipment |
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THE ELEW

Name of Control of Participant & Secondary

NAME AND ADDRESS OF

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

Address complement

Postcode

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If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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COO_HARAN@HOTMAIL.COM

BLK 417 WOODLANDS STREET 41, #06-135 S(730417)

Yes

No

-

Collided into Property

Clear

No

No

No

No

-

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Yes

Woodlands Division Headquarters (Phone) +65-18004660000 1 Woodlands St 12 Singapore 738622

No

Yes

Yes

ELSCHOOL CHECKSTANCES OF THE ACCUSENT

The security temper gave me the all clear to enter Chang Pang Camp (CPC) mulo gate on January 25, 2023, at DRI THRS, I crossed the hydranic ranning seru [HRZ] after it had been loseered and the signal had turned green. The security trooper us mentionally rasked the loseered HRZ as I was getting close to it, severoly itamaging my car's undercassage. On the same day, about 1115HRS, my cur was towed from CPC to Eurobars Tanjung Penjaru.

DECLARACION

PERSONAL STREET

13 FEB 23 / 1750HRS

Distriction of the property

SHUTTEN NO.