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.

- 4. The issue and acceptance of this is form by instrained 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 03/03/2023 21:33 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/03/2023 17:02 (SGT) Exact Location of Accident Singapore Additional Location Information **OUTSIDE NO.7 LOR BATAWI** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

1991

Vehicle Registration Number SLG400A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LYE I-VAN BRANDON Company Reg No S8712789C Email Address brandonlye@rocketmail.com Mobile Phone No (Phone) +65-92785000 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E250 Variant 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

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number MA028122

DRIVER

CC

Name of Driver LYE I-VAN BRANDON Company Reg No S8712789C Date Of Birth 21/05/1987 Occupation Indoor

Diving experience Gender Mobile Number Mobile Number Final Address Mobile Number Final Address	Date Of Driving Pass	18/03/2009
Mobile Number All Phone Number Email Address Address 94 JALAN KELICHAP Address 94 JALAN KELICHAP Address 95 JALAN KELICHAP Address 95 JALAN KELICHAP Address 96 JALAN KELICHAP Address 96 JALAN KELICHAP Address 97 JALAN KELICHAP Address 97 JALAN KELICHAP Address 98 JALAN KELICHAP ADDRESS PROSECTION OF THE ACCIDENT The Relationship of the Driver with the Insured Does Driver Own Other Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Owned Technique Owned Techniqu	Driving experience	14 YEARS
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2165U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHNO: SLO 400A INSURER ETIGA DATE OF ACC: 03/03/13@ 170

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual 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>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 deating 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' 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 Purposets.

3/3/23

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date : A Time

Witnessed by Reporting Centre Personnel 03/03/23

PLEASE
TURN
OVER

7

	S TIME FRAME for you to submit OWN DAMAGE or policy for more information.
) Claim Own Policy (V) Claim Third party	() Reporting Onlly
) Claim OD/ TP at other workshop (
Was driving along Lox Batawi Whereby	have an from the centre