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 26/04/2023 17:47 (SGT) Reported by **Actual Driver** Date of Accident 26/04/2023 07:25 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Vehicle Registration Number SKW5746Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA JEN-AI NRIC No S7906627C Email Address THETRAVELER38@GMAIL.COM Mobile Phone No (Phone) +65-98428188 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Odyssey Variant Exact purpose for which vehicle was being used at time of Private use

accident

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

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220121651

DRIVER

Name of Driver KENNETH CHAN NRIC No S7929002E Date Of Birth 28/09/1979 Occupation Indoor

- Male (Phone) +65-98428188 - THETRAVELER38@GMAIL.COM 77 SOO CHOW WALK - 575374 No Spouse No
Collision - Head to Rear Clear Dry
No 2 No - Yes 1 No
No No -
Yes Yes
VEHICLE PROPERTY 1
SMN9141P Private car

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

SKETCH PLAN

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- 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.
- 6. 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.
- 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:

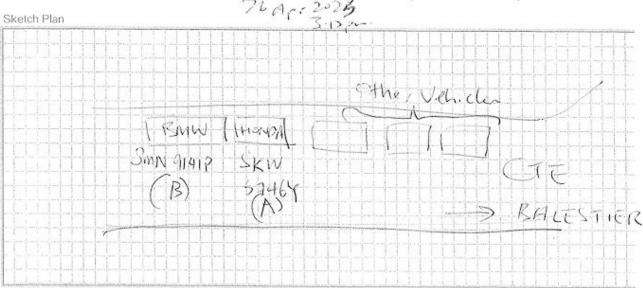
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 manuclicins or responding to any enquites 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 Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature of driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



escribe Circumstance of the Accident	
Hong Cle town of town.	
food U was sammed with start-st	00
traffic I was on the left -mo	51
food I was jammed with start-st traffic. I was on the left-me I are, the slowest lane just set	live
the PIE Px.+ (about from - 16	'an
I styped as the vehicle in front	
also stopped. After about 1 mi,	Λ ',
the BMW rear-ended my which	ι,
Declaration	
I/We declare the foregoing particulars are true in every respect.	
Frame Moorthy	
Policyholder's Signature / Date & Time	Personne
JUN2022 ZA Age 7023	
39-	
/ 1	