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 07/05/2023 13:14 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/05/2023 23:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG BUKIT TIMAH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Auto

1390

Vehicle Registration Number SMG2829Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner THAM WAI WAH NRIC No SXXXX293C Email Address starfish1328@gmail.com Mobile Phone No (Phone) +65-91777863 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Tiguan 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

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11036251

DRIVER

CC

Name of Driver THAM WAI WAH NRIC No SXXXX293C Date Of Birth 16/02/1966 Occupation Indoor

Date Of Driving Pass 14/04/1993 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91777863 Alt. Phone Number Email Address starfish1328@gmail.com Address 123 JALAN JURONG KECHIL Address complement #04-26 Postcode 598680 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver EY1328H Insurance Company of Other Vehicle Owned by Driver AIG Asia Pacific Insurance Pte. Ltd. GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Passenger 1 Gender Female PASSENGER 2 Name Passenger 2 Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I was traveling along Bukit Timah road it was a 3 lane traffic and my vehicle was positioned in the middle lane as I slowed down third party vehicle which was behind me collided onto my vehicle rear. No injuries involved. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	SNH180E Porsche Macan - Blue Private car HENG JING JIE, JACKY SXXXX729H (Phone) +65-82989798
PASSENGER 1	
Name Gender	Passenger 1 Female

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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;
- (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")

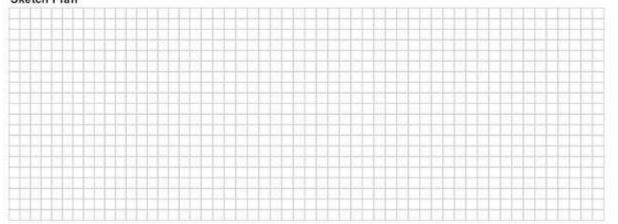
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date
Time 7 May 2023	& Time

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident

I was traveling along Bukit Timah road it was a 3 lane traffic and my vehicle was positioned in the middle lane as I slowed down third party vehicle which was behind me collided onto my vehicle
rear. No injuries involved.
Teal. No injuries involved.
Declaration
We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date

Time 7 May 2023

Policyholder's Signature / Date &

& Time

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre

Personnel

