

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 First Submission 28/10/2024 17:28 (SGT) Reported by **Actual Driver** Date of Accident 26/10/2024 15:10 (SGT) Exact Location of Accident Singapore Additional Location Information RIVER VALLEY RD & NATHAN RD (T JUNCTION) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SI R7488T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE PTE LTD Company Reg No 200406722Z Email Address ACCIDENTS@TRIBECAR.COM Mobile Phone No (Phone) +65-67428888 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vios Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

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

DRIVER

Name of Driver	KHOR CHENG YIH
NRIC No	S8485551J
Date Of Birth	07/11/1984
Occupation	Outdoor
Driving Pass Date	05/10/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS
Gender Mahila Numbar	Male
Mobile Number	(Phone) +65-83226526
Alt. Phone Number Email Address	-
Address	KHOR07@GMAIL.COM BLK 109B EDGEDALE PLAINS 07-113 SINGAPORE 822109
Address complement	BLK 109B EDGEDALE PLAINS 07-113 SINGAPORE 622109
Postcode	-
Is the driver the policyholder?	- No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- V
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
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	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
If yes, against whom?	No -
ii yes, against whom:	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	res No
	INO
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBK3983L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-83532939
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 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 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 & Time

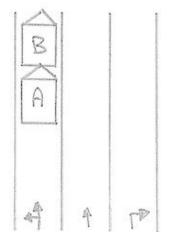
Driver's Signature (If driver is not the policyholder) / Date

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLR 7488 T

B: GBK 39831



· Describe Circumstances of the Accident

TRAFFIC CONGESTION ALONG RIVER VALLEY ROAD. I WAS FOLLOWING THE FRONT VEHICLE QUITE CLOSELY. SUDDENLY THE FRONT VEHICLE STOP AND I COULDN'T BRAKE IN TIME AND COLLIDED INTO THE FRONT VEHICLE NO INJURY AT THE POINT OF INCIDENT.	
SUDDENLY THE FRONT VEHICLE STOP AND I COULDN'T BRAKE IN TIME AND COLLIDED INTO THE FRONT VEHICLE	TRAFFIC CONGESTION ALONG RIVER VALLEY ROAD.
BRAKE IN 71ME AND COLLIDED INTO THE FRONT VEHICLE	I WAS FOLLOWING THE FRONT VEHICLE QUITE CLOSELY.
	SUDDENLY THE FRONT VEHICLE STOP AND I COULDN'T
NO INJURY AT THE POINT OF INCIDENT.	BRAKE IN TIME AND COLLIDED INTO THE FRONT VEHICLE.
	NO INJURY AT THE POINT OF INCIPENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

UEN: SERVE UEN: 2004667277

Policyholder's Signature / Date & Time

M 36/10/24 A:10

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

4

Witnessed by Reporting Centre Personnel

