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 Authorised 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 ability.
- 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 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.

Occupation INDOOR Date Of Driving Pass 25/02/1981 Driving Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-96843818 Fax Number Contact Number OTHERS-96843818		ACCIDENT STATEMENT	
Exact Location Of Accident ALONG JURONG TOWN HALL Country/State of Loss SINGAPORE Vehicle Registration Number SFC6006H Insured/Policyholder SFC6006H Name Of Registered Owner JOSEPH LOK LEONG MOON NRIC No S1621741G Email Address MASPUTEH83@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Vehicle Particulars AUDI Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at ime of accident PRIVATE USE I'Ro, Please state action to be taken Yes Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number JOSEPH LOK LEONG MOON NRIC No \$1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Birth 22/05/1963 Ording Experience 36 YEARS AND 5 MONTHS Gender MALE	Date Of Report	18/08/2017 12:45	1779
Country/State of Loss DETAILS OF OWN VEHICLE	Date Of Accident	17/08/2017 17:35	
Vehicle Registration Number SFC6006H Insured/Policyholder Name Of Registered Owner JOSEPH LOK LEONG MOON NRIC No S1621741G Email Address MASPUTEH83@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at ime of accident Are you vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 0700000000000000000000000000000000000	Exact Location Of Accident	ALONG JURONG TOWN HALL	
Vehicle Registration Number SFC6006H Insured/Policyholder JOSEPH LOK LEONG MOON Name Of Registered Owner JOSEPH LOK LEONG MOON NRIC No S1621741G Email Address MASPUTEHB3@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Alternative Phone No OTHERS-96843818 Vehicle Particulars Winder Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at time of accident PRIVATE USE 4x ey our claiming under your own insurance policy for repair to your vehicle? YES If No. Please state action to be taken YES Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Floiley Number NO Policy Number JOSEPH LOK LEONG MOON NRIC No S1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Driving Pass 25/02/	Country/State of Loss	SINGAPORE	
Insured/Policyholder JOSEPH LOK LEONG MOON Name Of Registered Owner JOSEPH LOK LEONG MOON NRIC No \$1621741G Email Address MASPUTEHB3@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Vehicle Particulars AUDI Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at time of accident PRIVATE USE Are you claiming under your own insurance policy or repair to your vehicle? YES If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Yape Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700015949 Cover Note Number VOSEPH LOK LEONG MOON NRIC No \$1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Driving Pass 25/02/1981 Orbing Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number<		DETAILS OF OWN VEHICLE	
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NRIC No \$1621741G Email Address MASPUTEH83@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Alternative Phone No OTHERS-96843818 Vehicle Particulars AUDI Model A4 SEDAN 1.4 TFSI 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 your vehicle? YES If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700015949 Cover Note Number JOSEPH LOK LEONG MOON NRIC No S1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Birth 22/05/1981 Oriving Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-96843818 Fax Number Contact Number OTHERS-96843818 <td>Insured/Policyholder</td> <td></td> <td></td>	Insured/Policyholder		
Email Address MASPUTEH83@GMAIL.COM Mobile Phone No (LOCAL) +65-96843818 Alternative Phone No OTHERS-96843818 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at time of accident PRIVATE USE Are you claiming under your own insurance policy or repair to your vehicle? YES If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700015949 Cover Note Number TOVER Driver NO NRIC No S1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Driving Pass 25/02/1981 Driving Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-96843818 Contact Number OTHERS-96843818 </td <td>Name Of Registered Owner</td> <td>JOSEPH LOK LEONG MOON</td> <td></td>	Name Of Registered Owner	JOSEPH LOK LEONG MOON	
Mobile Phone No (LOCAL) +65-96843818 Alternative Phone No OTHERS-96843818 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 1.4 TFSI Exact Purpose for which vehicle was being used at time of accident PRIVATE USE Are you claiming under your own insurance policy or repair to your vehicle? YES If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1700015949 Cover Note Number TOWN Driver JOSEPH LOK LEONG MOON NRIC No S1621741G Date Of Birth 22/05/1963 Occupation INDOOR Date Of Driving Pass 25/02/1981 Driving Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-96843818 Fax Number OTHERS-96843818	NRIC No	S1621741G	
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Occupation INDOOR Date Of Driving Pass 25/02/1981 Driving Experience 36 YEARS AND 5 MONTHS Gender MALE Mobile Number (LOCAL) +65-96843818 Fax Number Contact Number OTHERS-96843818	NRIC No	S1621741G	
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Gender MALE Mobile Number (LOCAL) +65-96843818 Fax Number Contact Number OTHERS-96843818	Date Of Driving Pass	25/02/1981	
Mobile Number (LOCAL) +65-96843818 Fax Number OTHERS-96843818	Driving Experience	36 YEARS AND 5 MONTHS	
Fax Number Contact Number OTHERS-96843818	Gender	MALE	
Contact Number OTHERS-96843818	Mobile Number	(LOCAL) +65-96843818	
	Fax Number	an earth in present our seeds of the first	
EMail Address MASPUTEH83@GMAIL.COM	Contact Number	OTHERS-96843818	
	EMail Address	MASPUTEH83@GMAIL.COM	

Address

83 JALAN MAS PUTEH

Postcode

128659

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG JURONG TOWN HALL ROAD TOWARDS WEST COAST ROAD AT ABOUT 1735 ON 17 AUG 2017. I WAS APPROACHING THE TRAFFIC JUNCTION OF JURONG TOWN HALL ROAD AND TEBAN GARDENS ROAD AND PREPARING TO BRING MY CAR TO A STOP BEHIND THE TRAFFIC LIGHT JUNCTION. JUST AS MY CAR IS COMING TO A STOP, I FELT MY CAR WAS HIT FROM THE BACK. I GOT OFF THE CAR TO INVESTIGATE. A BLUE HONDA JAZZ DRIVEN BY MS NG HWEE CHIN, NRIC: S7927157H, HAS HIT INTO MY CAR'S RIGHT REAR BUMPER AREA. I ALSO SAW A WHITE TRUCK, DRIVEN BY MR WONG HIANG CHAI, NRIC S1677623H, HAS HIT INTO THE REAR OF THE BLUE HONDA JAZZ. THE TRAFFIC CONDITION AT THE TIME OF THE ACCIDENT WAS MODERATE, WITH EFFECT ROAD CONDITION. REPORTED BY: TF, SUBMITTED BY: MAS

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV1766T

Vehicle Make/Model/Colour

HONDA / BLUE

Details Of Properties

Name of Driver

NG HWEE CHIN

NRIC/Passport Number

S7927157H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YM392D

Vehicle Make/Model/Colour

TRUCK / WHITE

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. The 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.
- 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' law yers/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.

		ta Emon
Policyholder's Signature / Date & Time	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	4.00	in the part of the
New York		
Community of the Commun	8 8	A = SFC 6006H
	Te han Garden Rd	B= 5GV17667
IZ 1	Name of the last o	
园		C=YM3920
图个户		
Juran .	ton Hall Rd	

Sketch Plan #2

DESCRIBE CITCUMBRANCES OF THE ACCIONN	
I was driving along Javang Tam Hall	Road towards West
Coast Road Jat about 1735 on 17	Aug 2017. I was
approaching the traffic junction of Ju	rule Town Hall Ried
and Tetan Gardens Road and preparen	a Ita bring has too
my car to a stop behind the taffic t	Front junction
Just as my car is coming to a stop,	I felt my can was
hit from the back. I got off the con	- to muestinate.
A buye flooder Jazz driven by Ms No	Huse Cheen needs
piv 2 us yen dri till ear H FEIFEPFE	AT YOUR DUMON OVER
2494 124 11 11/11 11/11 11/10 11/10 COM 7 1/1/1	All tear painter carea
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	Wary Hiring Chair
NRIC SIGT 7623 H has hit into the rea	r of the blue Horda
J022.	1
The traffic condition at the time was of	THE TOUCHMENT WAS
moderate, with wet road condition.	
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Declaration	
tWe declare the foregoing particulars are true in every respect.	
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	W. Com

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

Policyholder's Signature / Date &

Time

Witnessed by Reporting Centre

Personnel