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 policyliability 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

| 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 Report | 23/11/2017 13:52 |
| Date Of Accident | 22/11/2017 19:10 |
| Exact Location Of Accident | JUNCTION OF BUYONG RD & CAVENAGH RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLT338D |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY HWEE PENG JACQUELINE |
| NRIC No | S1819940H |
| Email Address | JACQUELINETAYHP@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81811300 |
| Alternative Phone No | Others-81811300 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A5 CAB 2.0 TFS |
| 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 | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1700063410 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAY HWEE PENG JACQUELINE |
| NRIC No | S1819940H |
| Date Of Birth | 04/02/1967 |
| Occupation | INDOOR |

Date Of Driving Pass 30/08/2005

12 YEARS AND 2 MONTHS **Driving Experience**

Gender **FEMALE**

Mobile Number (LOCAL) +65-81811300

Fax Number

Contact Number OTHERS-81811300

EMail Address JACQUELINETAYHP@GMAIL.COM

Address 6 CASSIA DRIVE Postcode Was driver an employee of the Insured's Company NO NO

If No, Relationship of the Driver with the Insured OWNER

-

Insurance Company of Driver's Own Vehicle

Vehicle Registration Number of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE EVENING OF NOV 22ND, I WAS QUEING ON BUYONG ROAD (A1) TO MAKE A RIGHT TURN ONTO CAVANAGH ROAD. WHEN THE GREEN ARROW LIGHT CAME ON, I FOLLOWED THE OTHER CARS AND PROCEEDED TO MAKE THE TURN. SUDDENLY, CAR SBP821P, APPEARED IN THE MIDDLE OF THE LANE (B1) AND CRASHED INTO THE PASSENGER SIDE OF MY CAR. MY CAR SPUR AROUND TO FACE THE ORCHARD ROAD GANTRY ON BUYONG ROAD (A2). THE DRIVER STOPPED HIS CAR ON THE EXTREME LEFT LANE OF BUYONG ROAD (B2) AND CAME OVER TO CHECK ON ME.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBP821P

Vehicle Make/Model/Colour TOYOTA PRADO / CAMOUFLAGE

Details Of Properties

Name of Driver PAULO PATRICK ADRIAN

NRIC/Passport Number S1811817C

Contact Number 92385198 / 62889085

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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 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
- 7. By the lodgment 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)
 - (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 23/11/17

Driver's Signature

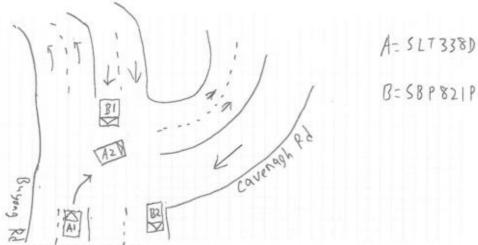
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

tomy Foury

NRIC/FIN No .: 67 4 40197X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On the evening of Nov 22nd, I was quening on Buyung Road to make a right turn onto Cavanagh Road. When the green arrow light came on, I followed the other cars and proceeded to make the |
|---|
| Buyong Road to make a right turn onto Cavonagh Road. When the green arrow light came on, I |
| Road. When the green arrow light came on, I |
| |
| |
| turn. Soudderly, car SEP 821P appeared in the |
| middle lane and crashed into the passanger side |
| of my car. My carspuraround to face the |
| Orchard Road garty on Buyong Road. The driver |
| Stopped his car on the externe left lare of Buyons |
| Road (B2) and came over to check on me. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

DECLARATION

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

Policyholder's Signature

Date & Time: Nov 23, 12: 10pm (If driver is not the policyholder)

Drive's Signature

Reporting Centre Personnel's Signature Name: Try Found

NRIC/FIN No.: 6720401975

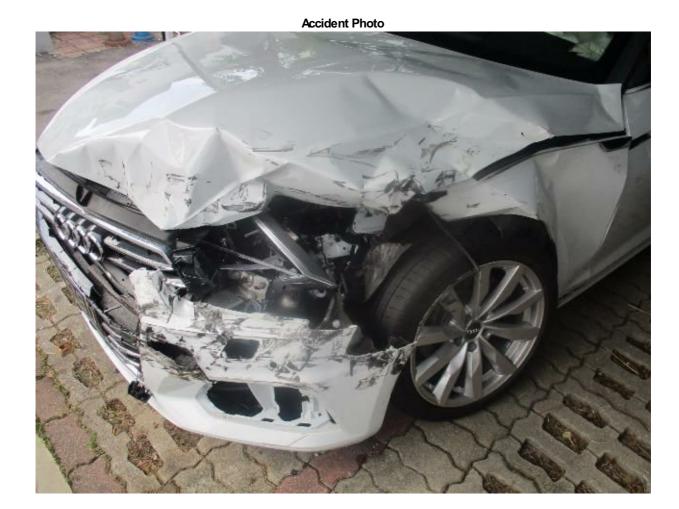
Accident Photo

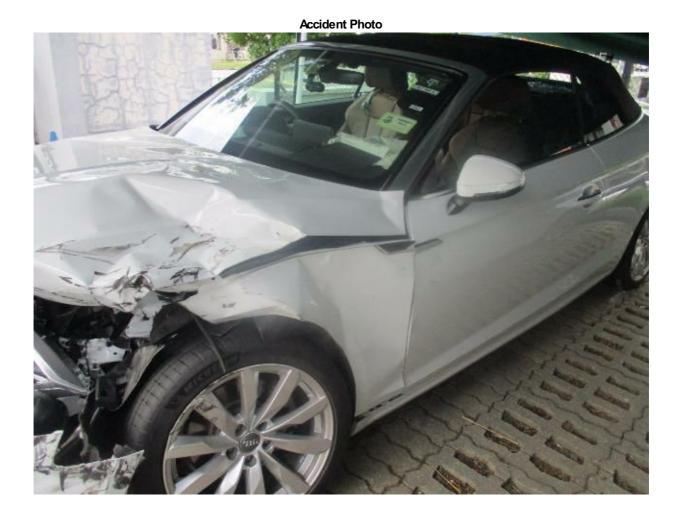


Accident Photo

















Accident Photo



