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.

ACCIDENT STATEMENT

Date Of Report	08/12/2017 16:08
Date Of Accident	08/12/2017 08:45
Exact Location Of Accident	TAMPINES AVE 4 & TAMPINES ST 82
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1063C
Insured/Policyholder	
Name Of Registered Owner	SOON HWA FOODSTUFF ENTERPRISE
Co Reg No	52872868K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98634296
Alternative Phone No	OFFICE-98634296
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100087387-09000
Cover Note Number	
Driver	
Name of Driver	LEE TEOW SOON
NRIC No	S1277860J
Date Of Birth	25/12/1957
Occupation	INDOOR
Date Of Driving Pass	25/06/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98634296
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 842E TAMPINES ST 82 #08-124 S525842
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

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

REFER TO THE ATTACHED.

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	SLR1222H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	NIL
Name of Driver	LEE KONG WIE
NRIC/Passport Number	S0112514A
Contact Number	NIL
Address	NIL NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	2

Details of Witness

Name	NIL
Phone Number	NIL
Email Address	NIL

Email : alicechau@kanfs.net

Fax : 6748 1006

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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) 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 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.

   (e) 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

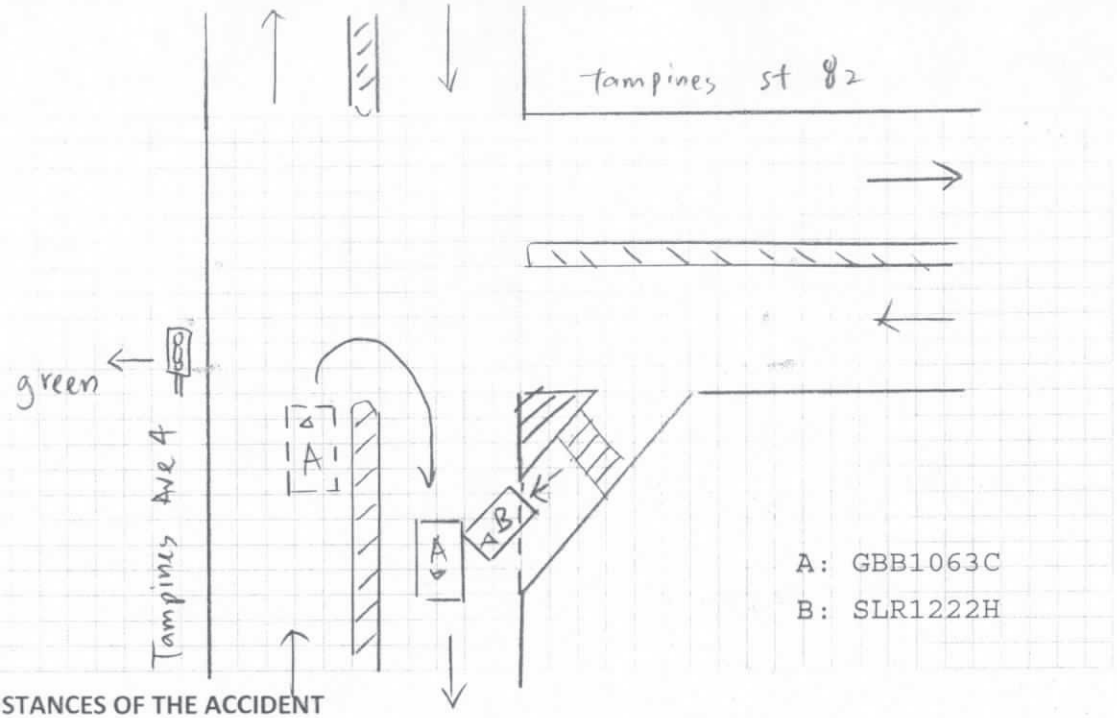
   (ii) for complying with requirements under any regulations, laws or court orders.

顺华食品供应企业
SOON HWA FOODSTUFF ENTERPRISE
Blk 3017 Bedok North Avenue 4 Street 5
Please Chop Sign & Return

KAN FOOK SING MOTOR WORKSHOP

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 08-12-2017 @16:25HRS	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS TRAVELING ALONG TAMPINES AVENUE 4. UPON REACHING THE T-JUNCTION OF TAMPINES ST 82, TRAFFIC LIGHT WAS GREEN IN MY FAVOR AND THE TRAFFIC WAS CLEAR, I THEN PROCEEDED TO MAKE U-TURN. ONCE I MANAGED TO MAKE U-TURN, A VEHICLE SLR1222H DASHED OUT FROM THE SLIP ROAD OF TAMPINES ST 82 WITHOUT STOPPING AT THE GIVE WAY LINE, AS A RESULT IT COLLIDED WITH MY VEHICLE.

VEHICLE NO.: GBB1063C
DOA: 08/12/2017
INSURER: AIG
CLAIM TYPE: THIRD PARTY CLAIM
WORKSHOP: STYTECH AUTO W/S

DECLARATION

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

顺华食品供应企业
SOON HWA FOODSTUFF ENTERPRISE
PLEASE AFFIX SIGN & RCUD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08-12-2017 @16:25HRS

KAN FOOK SING MOTOR WORKSHOP

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: