MTE117169074 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME 26/12/2017 12:59 SUBMTTED BY: STANLEY

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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/12/2017 12:59
Date Of Accident	23/12/2017 22:10
Exact Location Of Accident	TAKASHIMAYA CAR PARK ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP8738B
Insured/Policyholder	
Name Of Registered Owner	DENG BO
NRIC No	S7361492I
Email Address	DENGBOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96861586
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PEROSNAL 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	
Cover Note Number	

Driver

Name of DriverDENG BONRIC No\$7361492IDate Of Birth21/07/1973OccupationINDOORDate Of Driving Pass25/11/2016

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96861586

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address DENGBOH@HOTMAIL.COM

BLK 420 CLEMENTI AVE 1 #29-205 Address Postcode

Was driver an employee of the Insured's Company

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

NO

General Information of the Accident

Type Of Accident **COLLIDED INTO PROPERTY**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES 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) 5

Passenger 1 Name: : YANG MEI

> Gender: : Female

Passenger 2 Name: : DENG HOW WEN

> Gender: : Male

Passenger 3 : DENG YA WEN Name:

> Gender: : Female

Passenger 4 Name: : DENG ZHING WEN

> : Female Gender:

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 SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLF6512B

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBB5026J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Sketch Plan

SKETCH PLAN

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- 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 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:

- 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
- (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
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Tel: 6474 1003 16749 4333 Reporting Centre Personnel's Signature

Singapare 408605

Name

NRIC/FIN No.:

SKETCH PLAN			
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	LICENSE PLATE NO:	S428738B
ACCIDENT DATE: 24/			
ACCIDENT TIME: 22:	10 PM	EMAIL: Dengb	oh @ hotmail.com
LOCATION: Takash	imata , reger An	ncity Car park, e	entrance.
Drove out	from mutisto	N Car park to	LVE 6 CAN DANK
pressed and si	eleaced brake	a couple tom	a cichos four
1 1 1 1 1 1	- 11/	11-12 6 1-1	
have brake	sonal from	LV L (Not sur	CAN NOT
stop the car	- and 1 to 160	y can park to " a comple tim LV12 (Not sur;	he (test
eventually, h	itted 2 cars	at car park	entrance and
Con (to prou.	observed o	he can convert	move and
, , , , , , ,	1	. /	
exchanged my	marin with o	ches cars and	or accident.
J /			
excutualt in	the end st	pped the engin.	e and ristare
	bra/ce	1	
the car, the	in the pead	was water 7	o harmy and
1 at atte de	have the	440	
was now or	more and c	er.	
NOTE: PLEASE NOTE THAT YOUR INSU	RER MAY HAVE 14 DAYS TIME FRAN	IE FOR YOU TO SUBMIT AN OWN DAMAGE	CLAIMS UNDER YOUR OWN POLICY.
TOTAL TELEVISION TO THE TOTAL THE TO			
	PLEASE CHECK YOUR POL	JICY FOR MORE INFORMATION	
	WN POLICY () CLAIM THI	RD PARTY ()REPORTING ONLY	1.5
DECLARATION			Dto Ttd
I/We declare the foregoing particul	ars are true in every respect.	Trans Euro	ars Pie Liu
		5 Ubi Close	1- 1
Dyns		Singapore 408 Tel: 6474 3003	749 4333
Policyholder's Signature	Driver's Signature		re Personnel's Signature
Date & Time:	(If driver is not the policyho	older) Name:	

GIARMC SketchPlanForm_V3

Date & Time:

NRIC/FIN No.:

Describe Circumstances of the Accident	LICENSE PLATE NUMBER: 547 6512 B
ACCIDENT DATE: 24/12/2017	CONTACT NUMBER:
ACCIDENT TIME: 22: 10 DM	EMAIL:
LOCATION: Takashima Ya	, Ngu Anneity Car park entrance
stf65121 States	,
first and my car i	was slowing down and then hitted
GBB5026J	
NOTE: PLEASE NOTE THAT YOUR IN	SURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT
	AGE CLAIM UNDER YOUR OWN POLICY.
	YOUR POLICY FOR MORE INFORMATION.
Please state:	
Claim Own Policy () Claim Third	Party () Claim OD/TP at other workshop () Reporting Only

Declaration

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

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

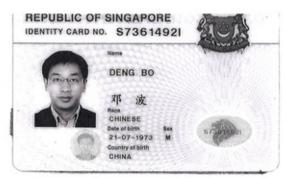
Witnessed by Reporting Centre

Tran Eurokars Pte Ltd

2003 / 6749 4333

Personnel





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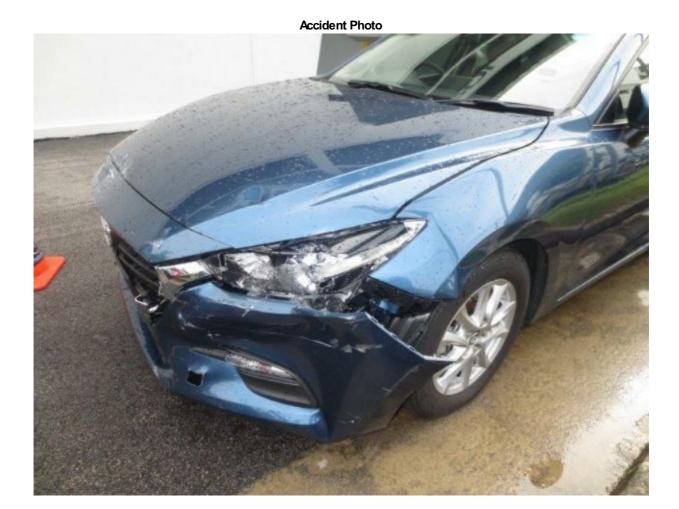
EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 25 Nov 2016 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S73614921

NP 428A

Date: 25/01/2015



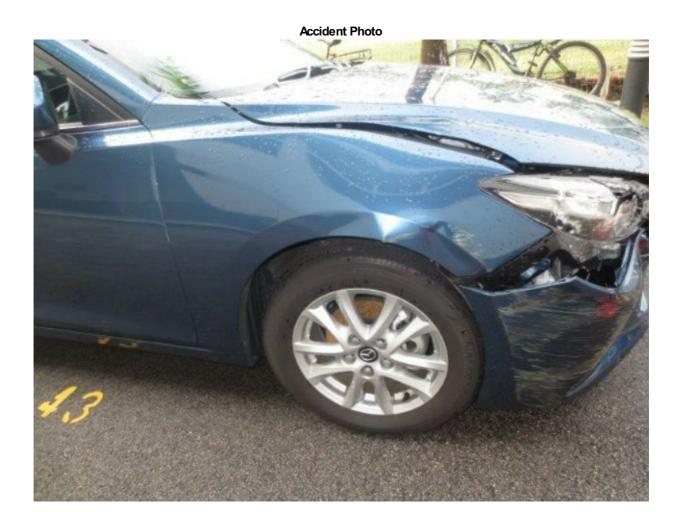






Accident Photo





Accident Photo

