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 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.

Date Of Accident 22/01/2018 08:25 Exact Location Of Accident PIE TOWARDS TUAS BEF CLEMENTI RD EXIT LANE 1 Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SFG3773A Insured/Policyholder Name Of Registered Owner TAN KIM HENG NRIC No \$1506339D Brail Address NOEMAIL Mobile Phone No (LOCAL) +65-98428719 Vehicle Particulars OFFICE-98428719 Manufacturer AUDI Model A4 SEDAN 1.4 TFSI S Exact Purpose for which vehicle was being used at itime of accident PRIVATE USE Are you claiming under your own insurance policy or repair to your vehicle? YES Insurance Company YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Vippe Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 2100460426-01000 Cover Note Number TAN KIM HENG NRIC No \$1506339D		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S1506339D	Date Of Report	22/01/2018 19:42
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SFG3773A Insured/Policyholder Name Of Registered Owner Mobile Phone No (LOCAL) +65-98428719 Vehicle Particulars Manufacturer Model	Date Of Accident	22/01/2018 08:25
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Mobile Number (LOCAL) +65-98428719 Fax Number OFFICE-98428719	Driving Experience	34 YEARS AND 3 MONTHS
Fax Number Contact Number OFFICE-98428719	Gender	MALE
Contact Number OFFICE-98428719	Mobile Number	(LOCAL) +65-98428719
011102 00 120/10	Fax Number	
:Mail Address NOEMAIL	Contact Number	OFFICE-98428719
	EMail Address	NOEMAIL

BLK 496C TAMPINES STREET 43 Address

#08-255

Postcode 526496

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 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

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

I WAS DRIVING ALONG PIE EXIT TOWARDS CLEMENTI ROAD EXIT. SUDDENLY, THE FRONT VEHICLE JAM BRAKE AND I DID STEP ON MY BRAKE BUT NOT ENOUGH TO AVOID THE IMPACT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

NO

MAZDA

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD1567L Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIU BING ZONG NRIC/Passport Number S8522465D

Contact Number 87871051

BLK 175 BOON LAY DRIVE Address

#0-342

Postcode 640175

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGX5660C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 3

Vehicle Registration Number

SGE90E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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 interested parties.
- 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)

funderstand, 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 :
 - 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

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

Policyholder's Signature Date & Time: 2.2///6 /5

pssola .

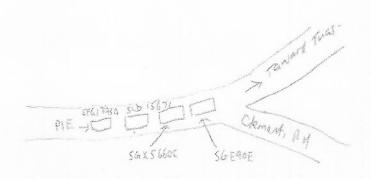
Oriver's Signature (If driver is not the policyholder) Date & Firme: Reporting Centre Personnel's Signature

Name: Taky

NAIC/FIN No.

47040 197X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time: 24/19, 1550/25

Oriver's Signature

(if dower is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: "Lyay Franch NRIC/FIN No.: (2724/87).