

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	08/03/2018 09:28
Date Of Accident	07/03/2018 11:55
Exact Location Of Accident	TRADE HUB 21 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5419H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M.TECH PRODUCT PTE LTD
Co Reg No	199902769E
Email Address	ERICTAN@MTECHPRO.COM
Mobile Phone No	(LOCAL) +65-90068658
Alternative Phone No	Office-90068658

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100505663-00000
Cover Note Number	

### Driver

Name of Driver	TAN WEE KHEONG ERIC (CHEN WEIQIANG ERIC)
NRIC No	S8041088C
Date Of Birth	11/12/1980
Occupation	INDOOR
Date Of Driving Pass	30/10/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90068658
Fax Number	
Contact Number	
EMail Address	ERICTAN@MTECHPRO.COM

Address	APT BLK 274B JURONG WEST STREET 26
Postcode	648874
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 - HEAD ON 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
Was any other material or property damaged?	NO
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

DATE:07/03/2018, LOCATION: TRADE HUB 21 OPEN SPACE CARPARK. I WAS ON MY WAY OUT OF THE CAR PARK, THE CAR SLG2132K WITHOUT SIGNAL REVERSE INTO MY CAR WHO HAS THE RIGHT OF WAY. THE IMPACT OF THE COLLISION WAS ON THE LEFT HAND SIDE IN FRONT OF MY CAR.AFTER COLLISION, HE STOP BUT MOMENTS LATER WITHOUT COMING OUT TO CHECK THE IMPACT, HE CONTINUE TO RESERVE IN TO A PARKING LOT. AFTER PARKING, HE COME OUT OF HIS CARS AND WE EXCHANGE PARTICULARS AN INFORMATION.

#### Attachment(s)

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

## Sketch Plan

### SKETCH PLAN

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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.

Policyholder's Signature  
Date & Time:

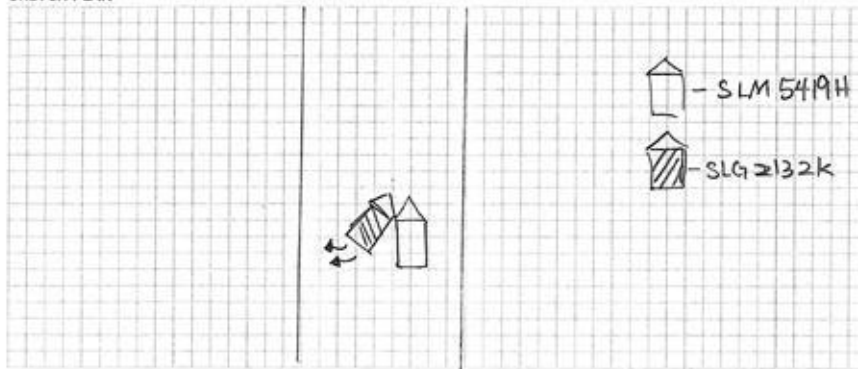
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/03/2018  
4:30 pm

Reporting Centre Personnel's Signature  
Name: LIMING KHAN SENG, Co-ops  
NRIC/FIN No.: G29187143X



## Sketch Plan #2

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 7 03 2018

Location: Trade hub 21 open space carpark.

I was on my way out of the carpark, the car SLG2132K without signal reverse into my car who has the right of way. the impact of the collision was on the ~~right~~ left hand side in front of my car.

After collision, he stop, but moments later without coming out to check the impact, he continue to reverse into a parking lot.

After parking, he come out of his cars and we exchange particulars an information.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/03/2018  
4:30 pm

Reporting Centre Personnel's Signature  
Name: WONG KIM HUI SENG, Gary  
NRIC/FIN No.: G1287143X



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo

