### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> 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

	ACCIDENT STATEMENT			
Date Of Report	22/03/2018 16:23			
Date Of Accident	18/02/2018 19:15			
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS AYE			
Country/State of Loss	SINGAPORE			
- -	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLP9396Y			
Insured/Policyholder				
Name Of Registered Owner	SINGAPORE UNITED ESTATES PTE LTD			
Co Reg No	195500005N			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-97688178			
Alternative Phone No	OFFICE-97688178			
Vehicle Particulars				
Manufacturer	VOLVO			
Model	XC60-2.0 T5 (A)			
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	REPORTING ONLY			
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	1700020631			
Cover Note Number				
Driver				
Name of Driver	NG CHEE SENG			

NRIC No S0148213J Date Of Birth 16/07/1954 Occupation **OUTDOOR Date Of Driving Pass** 05/08/1983

**Driving Experience** 34 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97688178

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 1 JALAN MEMBINA #06-06

Postcode 169479

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - EMPLOYEE

Vehicle Registration Number of Driver's Own

Vehicle

JIIILIN - LIVII LOTEL

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
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.

NO

1

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**

KINDLY REFER THE STATEMENT.

### 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 SLP4715T

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 Pg. 1

SINGAPORE ACCIDENT STATEMENT  BRYCHAIR KINDE  1. Commission and submit bits From to Allied Windfa Andbodied Resorties Centra FANC-Your edition.  2. Preser mont commission by the death of the architecture to speed up the claims process.  3. This From nate to commission by the Production and the Additional Description or will shocking of meetinal facts may allow insurance companies to see inglished and association of the Form by tearners companies in companies to the companies of the Form by tearners companies in companies and the Additional Description in the International Companies on the Internation and the Trailing Palician Description in the International Companies on the International Description in the International Description Description in the International Description in t	CINICARC	1,
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# Sketch Plan #2 Pg. 1

Address of Driver	1 Jalan Membro # 06-96
Email Address	Postcode ( / C/4 /
Was driver an employee of the insured's Company?	Yes No
If No, Relationship of the Oriver with the Insured	
Vehicle Registration Number of Driver's Own	Yes No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
insurance Company of Driver's Own Vehicle (If applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear)	Side Swiffe
Veather Conditions	Clear Raining Others,
Road Surface	Dry Wet Others
OTHER INFORMATION	
as any foreign vehicle involved in this accident?	Yes No
as any body injured in the accident?	O Yes No
as any other vehicle or property damaged?	Yes No
as there any video captured by Car Camera?	Yes No
umber of Passengers (Including Driver)	
ETAILS OF POLICE ACTION	c
as the Accident reported to the Police?	Yes No (if Yes, please state which Police Station.)
nice Station Name	The state of the s
lice Station Address	
lice Station Contact	Tel No. Fax No.
s notice of intended Prosecution given?	Yes No (If Yes, against whom?)
TAILS OF OTHER VEHICLE / PROPERTY 1	
nicle Registration Number	SLP471ST
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Passenger (Including Driver)	

Page 2

Describe Circumstance of the Acciden

on 18/2/2018 at 715 pm, my car SLP 9396 Y travelly along Lower Delta Road towards AYE on the 2nd lane. Suddenly a car SLP 4715T (ut into my lane. The Driver Toyota car rear right fender scratched my Volvo XC60 front left fender.

As there were no damages to both cars, we agreed not to claim insurance & we did not take down each other IC & driving license as this is a private mutual agreement to settle without claiming liabilities from each side.

#### IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information

Declaration

I/We declare the foregoing particulars are true in every manual

SINGAPORE UNITED ESTATES (PTE) LTD

San Charles Title G
Scriptor & CEO

Driveria Signature (Profess is not the policyholder) / Date

#Winessed by R

3. 20 pm 22/3/2018

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policybolder and/or the Authorised Driver.,
- Information provided must be as <u>institut and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>recutilate policy liability</u>.
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- 5. Any false reporting may be referred to the Yorks Pelice Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mergement Centre cetabilised by the General insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 eforeseid.
- 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 detailpersonal information set out in this (form) and arily other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfershuch 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 socident shall be collectively referred to as the "Insurers"), the Insurers' law yarufaw litms, the Monetary Authority of Singapore and any retovant government agency/skuthority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the solllement 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 melting 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, proceeding, handling and/or dealing with my olaims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lewyers/lew 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

SINGAPORE UNITED ESTATES (PTE) LTD

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S. P. T. J. S. P.	Lower Delta Road  Towards Telok Blangah ATE  P9396Y
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stere. chen@ wearnes. com 98187217

### Sketch Plan #5 Pg. 1







