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 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

aforesaid.	sont to the archiving of this report at the centre and to copies of the rep	ort being made available
	ACCIDENT STATEMENT	
Date Of Report	14/05/2018 15:09	*
Date Of Accident	11/05/2018 12:20	
Exact Location Of Accident	SLIP RD FROM SIMEI AVE TWDS SIMEI ST 3	
Country/State of Loss	SINGAPORE	,
and the second s	ETAILS OF OWN VEHICLE	O AMERICAN PRODUCT
Vehicle Registration Number	GBG2027A ,	
Insured/Policyholder		
Name Of Registered Owner	COMPLEMENT PTE LTD	
Co Reg No	198804530D	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-91305782	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	CABSTAR	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE	*
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	1700021498	
Cover Note Number		
Driver		
Name of Driver	WANG CHENGBIN	
December No. /CINI	00574407144	

Name of DriverWANG CHENGBINPassport No/FING2574437WDate Of Birth15/01/1985OccupationINDOOR

Date Of Driving Pass 12/03/2015

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91305782

Fax Number

Contact Number

EMail Address NOEMAIL

Address

13 KAKI BUKIT RD 4

#01-11 BARTLEY BIZ CENTRE

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 - HEAD TO REAR

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?

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LENG CHUN HONG

GENDER:

: FEMALE

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

PLS REFER TO THE ATTACHED 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 Vehicle Make/Model/Colour

SJC6845E

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. The para report exemptify the digital is of the bits digital to spiece up the change propaga.
- This Point was as completed by the Policyholder and/or the Authorised Driver
- My mature play dediment he as truthful and acturate as possible. Any weful managresser source of a children's facts may allow matures components to repudiate policy liability.
- The locus and wheatwise of this Point by Industriance companissify not an edition to a policy into the part of the new areas companies.
- Any false reporting may be referred to the Police for Investigation.
- The report will be forwanded by the insurers of the G.A. Records Management Cooling costs (Well by the Control Insurance Association of Singapore (GIA) for artitiving and that copies of this report will for a fee be made evaluated upon copilization by course and harden.
- By the unignest of this report to the insurers, you hereby consider to the proving of this report at the centre of the replies of the report being mode tracked a foresaid.
- 2. Consent under the Parsonal Data Protection Act (POPA

Lundwestand, arknowledge, bares and content 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 Monietary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - [3] propersing, handling and for dealing with my claims including the settlement of the claims, and one reconcer mystications relating to the suggest.
 - (i) investigating the applicant and for my calms;
 - (ii) carrying out and/or dealing with my instructions or responsing to any enquiries by me.
 - (iv) administering my plaims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of tertain personal data about me to bring about delivery of the same its well as on the external cover of envelopes/mail psokages/s and/or.
 - Let up a plant with open a collecte up administrating processing eventing and the description in my color globest version.
- Singularità par si que nu nos setudides qualves han apportant tre organes, inclumo es in nu mogimente mesa considera con alla con con considera del considera
- and a firm that in the median medican is a second began a close and an analize Colorado vene as some that an a The transport of the second and medical and a second and began the second and an analized by

and the control of the control of a transfer or the control of the property of the legal of the control of the

The completing with requirements under any regulations, laws of gours pricers.

way they by

Provided Statute

If small is not the policyholder)

sym 14/05/18

NELS FIN No

Individual Statement

DETCH PLAY
sime i
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 11/0s/2018 et about 1220 for et slop reed from
Simer Ave fowerds Simei Street 3. I was travelling
on the extreme heft love along the above mentioned
dip rood and come to a stop while giving way
to the main traffic along Sime: Street 3. Suddenly
I heard a loud bong from behind and when I alighted
I realised that it was Vehicle (B) who hit outo my
Rear Portion of my Vehicle (A) causing damages to
my which . I have one possenger inside my
vehicle. CA) GBG 2027 A
(B) SJC 6845E
DECLARATION
Mediaciana the foregoing paint to Arabina took in Event, talipati

Page 4 of 14