MVGS18077831 / Volkswagen Centre Singapore - HQ ENTRY DATE & TIME: 18/06/2018 09:27 SUBMITTED BY: Charmaine Kong Mei Kwan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- ent 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

 By the loggement of this report to the insurers, you aforesaid. 	u nereby consent to the archiving or this report at the centre and to copies or the report being most or unse				
ACCIDENT STATEMENT					
Date Of Report	18/06/2018 09:27				
Date Of Accident	17/06/2018 12:15				
Exact Location Of Accident	SCOTTS RD				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGV600U				
Insured/Policyholder					
Name Of Registered Owner	TAN MING WOEI				
NRIC No	S7937134C				
Email Address	M_WTAN79@YAHOO.COM.SG				
Mobile Phone No	(LOCAL) +65-92299255				

OTHERS-93262404

Alternative Phone No
Vehicle Particulars

VOLKSWAGEN Manufacturer

GOLF A7 1.4 R-LINE 110 (DSG) Model

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?

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

1800063860

Cover Note Number

Driver

PEK CAI SHUN SAMUEL Name of Driver

NRIC No S9344319E 24/11/1993 Date Of Birth Occupation INDOOR 23/07/2015 Date Of Driving Pass

2 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93262404 Mobile Number

Fax Number

Contact Number

IAMSAMUEL@GMAIL.COM EMail Address

Address

619 JURONG WEST STREET 65 #02-438

Postcode

640619

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - STAFF OF 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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

SOH HWEE JING

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

Refer to sketch plan.

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

SH9757Z

Vehicle Make/Model/Colour

BLUE TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

84887226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KETCH PLAN		r 1000		
		Claymore Hill	 	
	(Taxi SH17572) Tumleft, hit		1	
	my rear	AD (My Car Wa	s(ry6004) S Stationary awa	lina move off
	500	ts Road		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	1 2	essone à u	
On 17/06/18 at a move off along scutt claymore hill and it's his fault.	bout 12.15 pm, my s Ruad when a f	con scrybour u axi from SH975	ras Shationary aw 72 turned our	raiting to
it's his fault.	d hist me ast my	rear. the drive	r came down	and admitted
	The second second			
		523°R		
DECLARATION I/We declare the foregoing parti	iculars are true in every reset	ş a .	$\langle \chi \rangle$)
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po Date & Time:	licyholder) 18 JUN 2018	Reporting Centre Person Name: NRIC/FIN No.:	nel's Signature 18 JUN 2018

Sketch Plan #2 Pg. 1

SKETCH PLAN

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- 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 aforesald.
- 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 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder
Date & Time: 18/06/18

09.72 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18 JUN 2018