SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 liability.
- 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.

Date Of Report 16/10/2018 13:36 Date Of Accident 15/10/2018 19:30 Exact Location Of Accident 5INCAPORE Exact Location Of Accident 5INCAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJZ1265R Insured/Policyholder Name Of Registered Owner KUA SWEE HAH NRIC NO 5Z5743191 Medical Category Policyholdes Vehicle Particulars Mobile Phone NO (LOCAL) +65-82869168 Vehicle Particulars Manufacturer MERCEDES-BENZ 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 Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG SIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 18000027553 Cover Note Number Driver Name of Driver KUA SWEE HAH NRIC NO 5Z5743191 Date Of Birth 23/02/1959 Occupation INDOOR	archiving and that copies of this report will, for a fee, be made avai 7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Date Of Report 16/10/2018 13:36 Date Of Accident 15/10/2018 19:30 Exact Location Of Accident SIMEI AVENUE Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJ21265R Insured/Policyholder Name Of Registered Owner KUA SWEE HAH NRIC No S25743191 Email Address NOEMAIL Mobile Phone No (LOCAL) +65-82869168 Vehicle Particulars MERCEDES-BENZ E250 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 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 1800027553 Cover Note Number Driver NRIC No S25743191 Date Of Birth S250743191 Date Of Birth S250743191 Date Of Birth S250743191		ACCIDENT STATEMENT
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Vehicle Registration Number SJZ1265R Insured/Policyholder Name Of Registered Owner NRIC No S2574319I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-82869168 Alternative Phone No Office-82869168 Vehicle Particulars Manufacturer MerceDes-Benz Ez50 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 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 Jinsurer Driver Name of Driver NAME OF Diver NAM	Exact Location Of Accident	SIMEI AVENUE
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Cover Note Number Driver Name of Driver KUA SWEE HAH NRIC No S2574319I Date Of Birth 23/02/1959	Fleet Policy	NO
Driver Name of Driver KUA SWEE HAH NRIC No S2574319I Date Of Birth 23/02/1959	Policy Number	1800027553
Name of Driver KUA SWEE HAH S2574319I Date Of Birth 23/02/1959	Cover Note Number	
NRIC No S2574319I Date Of Birth 23/02/1959	Driver	
Date Of Birth 23/02/1959	Name of Driver	KUA SWEE HAH
	NRIC No	S2574319I
Occupation INDOOR	Date Of Birth	23/02/1959
	Occupation	INDOOR

10/04/1981

37 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82869168

Fax Number

Contact Number OFFICE-82869168

EMail Address NOEMAIL

Address 18 HARVEY AVENUE

Postcode 489541
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

Smore

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 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
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? NO

If Yes,Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

CAR B (SLH1704L) SUDDEN STOP, I CANT STOP IN TIME AND COLLIDED CAR B REAR. NO ONE WAS INJURE AND WE EXCHANGE DETAIL.

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 SLH1704L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAY SI YUN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- Any false reporting may be referred to the Police for investigation.
- The 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 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
- 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 by insurer, my winsings and the General insurance Association of Singapore (GIA) may are permitted to object, 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 my insurer (collectively the "Personal Imormation") and disclose and transfer such Personal insured as insured; and 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
 - (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
 - (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
- 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.
- my Personal Information will also be collected and used to complie 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
 - (li) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

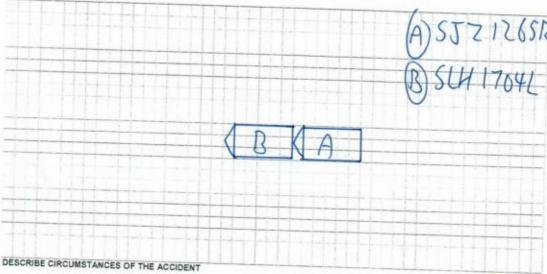
Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's



(1) B) rehicle sudden stop, I can't stop in time collided (B) rehicle hear. 3 No one was injure and we exchange detail.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$25743191



KUA SWEE HAH

Race CHINESE 23-02-1959 F MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

S2574319I

FOR C&C USE OW!

NP 428A



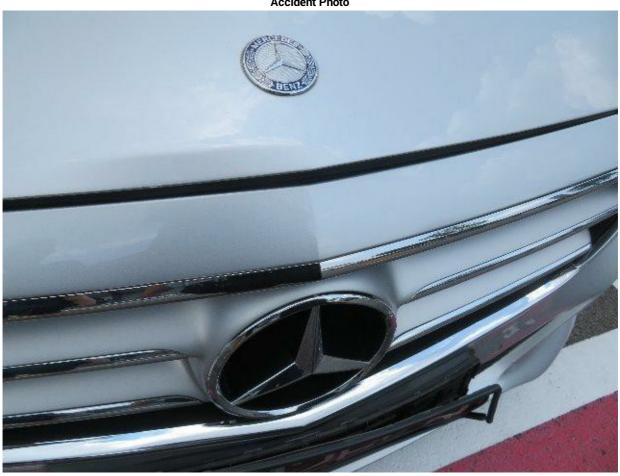
NRIC No:

19-11-1992

No: 2509910

0621163

















Driving License







