

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 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.
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 | 07/11/2018 14:39 |
| Date Of Accident | 06/11/2018 12:00 |
| Exact Location Of Accident | ENTRANCE TO WEST MALL SHOPPING CTR CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SCP1269R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN YANG HOW |
| NRIC No | S1289649B |
| Email Address | YHTAN6868@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96322413 |
| Alternative Phone No | Home-63149438 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | AUDI |
| Model | A4 SEDAN 1.4 TFSI S |
| 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? YES

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 | 2100453659-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN YANG HOW |
| NRIC No | S1289649B |
| Date Of Birth | 19/03/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/01/1985 |
| Driving Experience | 33 YEARS AND 9 MONTHS |

| | |
|---|------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96322413 |
| Fax Number | |
| Contact Number | HOME-63149438 |
| EMail Address | YHTAN6868@GMAIL.COM |
| Address | 47 HILLVIEW AVENUE #01-05 |
| Postcode | 669614 |
| 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 | - - - |
| 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? | |
| 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) | 4 |
| Passenger 1 | Name: : KOH SOO KIAT Gender: : Female |
| Passenger 2 | Name: : TAN PENG NING Gender: : Male |
| Passenger 3 | Name: : NICOLE CHEUNG 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

AS MY CAR WAS TURNING SLOWLY INTO THE WEST MALL SHOPPING CENTRE UNDERGROUND CARPARK, THE MOTORCYCLE FBG9385U (RIDER: MR HUN YEW HUI), HITTING THE PASSENGER SIDE OF MY CAR AS HE TRIED TO OVERTAKE FROM THE LEFT SIDE.

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 Witness 1

Name

TAN PENG NING

Phone Number

96157175

Email Address

PNTAM94@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBG9385U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

HU YEW HUI

NRIC/Passport Number

S8424610G

Contact Number

98474673

Address

Postcode

Insurance Company Name

NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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6. 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 made available aforesaid.
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:

7/11 1130h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

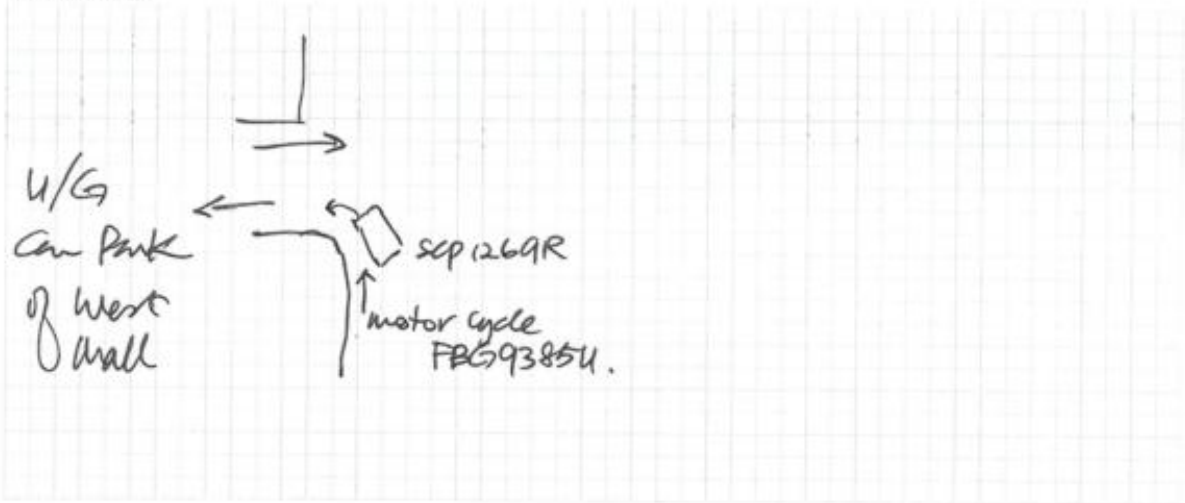
Name: James Tan

NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my car was turning slowly into the West Mall shopping Centre under Ground Car Park, the motor cycle FBG 9385U (rider MR Hui Yow Hui) hitting the passenger side of my car as he tried to over take from the left side.

DECLARATION

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

[Signature]
 Policyholder's Signature

Date & Time:

7/11 11:30 hrs.

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name: James Tan.
 NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ACCIDENT SCENE PHOTO



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

fax → 68411183

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

Alvin James Tan
Urgent.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA118143921 Vehicle Registration No: SCP 1269 R
Name(as shown in NRIC) : TAN YANG HOW NRIC/FIN/Passport No : S1289649B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 47 HILLVIEW AVE, #01-05 Singapore(669614)
Contact (Tel) : _____ Mobile No. : 96322413
Email Address : YHTAN6868@GMAIL.COM
Date of Accident : 06/11/2018 Time of Accident : 1200HR
Place of Accident : ENTRANCE TO WEST MALL SHOPPING CTR CARPARK
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. CHANGE TO OWN DAMAGE CLAIM
2. LOCATION: CHANGE TO 'ENTRANCE TO WEST MALL SHOPPING CTR CARPARK'
3. ADDITIONAL ACCIDENT SCENE PHOTO.

Policyholder / Driver's Signature

Date: 27/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: