

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	31/01/2019 11:18
Date Of Accident	30/01/2019 18:35
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT800K
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Insured/Policyholder

Name Of Registered Owner	ENG SOON AUTO PTE LTD
Co Reg No	199705198G
Email Address	TUAS@ENGSOON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62917775

Vehicle Particulars

Manufacturer	BMW
Model	530I SE
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	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	1700055429-01
Cover Note Number	22/09/2018 TO 21/09/2019

Driver

Name of Driver	NG ZU XIANG
NRIC No	S9318955H
Date Of Birth	01/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834057
Fax Number	
Contact Number	
EMail Address	ZUXIANG@ENGSOON.COM.SG

Address	30 LICHFIELD ROAD (S) 556849
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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.	NO
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

refer with attach.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB4230Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE YONG REN
NRIC/Passport Number	S8520074G
Contact Number	90611216
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : FEMALE

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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 the claim, regulators, law enforcement and government agencies as reasonably required for the purposes aforesaid;
 - (ii) 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: 31/1/2019 10:20

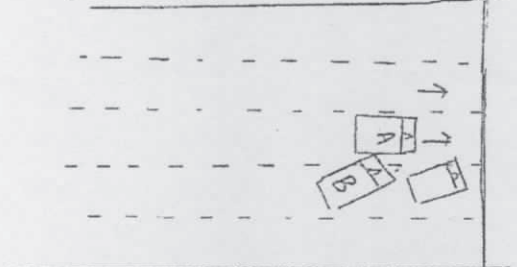
Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

GRATIS Insurance Agency

Accident Sketch Plan Pg. 1

SKETCH PLAN

upper Seranggi on Road



A: SLT800k
B: SLB4230Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1

DECLARATION

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

Policyholder's Signature
Date & Time

$$H^1(\mathbb{R}^n, \mathbb{R}) \cong \mathbb{R}^n$$

Driver's Signature
(If driver is not the policyholder)

Date & Time: 31/1/2019 10:30

Reporting Centre (Name and signature)
Name:

NRIC/FIN No.:

Annex 1

On 30.01.2019 at about 1835hrs, I was driving my vehicle (A: SLT800K) straight along the 3rd lane of Upper Serangoon Road. Suddenly, vehicle (B: SLB4230Z) which travelled on my right had cut into my lane and resulted the left front portion of vehicle B hit and grazed onto right rear portion of my vehicle.

Vehicle A (SLT800K): No passenger on board.

Vehicle B (SLB4230Z): 1 female passenger on board.

A handwritten signature in black ink is written over a circular official stamp. The stamp contains the text "SINGAPORE POLICE" around the perimeter and "10" in the center.