SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience

- 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 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.
- port to the in ont to the ort at the

| ate of Accident 03/04/2019 14:40 xact Location Of Accident CTE TOWARDS AYE sountry/State of Loss SINGAPORE Comment | 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 | | | |
|--|--|--|--|--|--|
| ate of Accident 03/04/2019 14:40 xact Location Of Accident CTE TOWARDS AYE sountry/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Part | | ACCIDENT STATEMENT | | | |
| xaact Location Of Accident fountry/State of Loss SINGAPORE DETAILS OF OWN VEHICLE tehicle Registration Number SFS9936U Insured/Policyholder Iame Of Registered Owner Iame No Identification Insured No Identification Insured No Identification Iame Of Insured No Iame Of Accident Iame Of Accident Iame Of Insured No Iame O | Date Of Report | 04/04/2019 08:27 | | | |
| suntry/State of Loss DETAILS OF OWN VEHICLE Serials OF Registered Owner | Date Of Accident | 03/04/2019 14:40 | | | |
| The service of Registration Number SFS9936U The service of Regist | Exact Location Of Accident | CTE TOWARDS AYE | | | |
| sehicle Registration Number sured/Policyholder lame Of Registered Owner lame No laternative Phone N | Country/State of Loss | SINGAPORE | | | |
| Islane Of Registered Owner Islane No Islane | DETAILS OF OWN VEHICLE | | | | |
| lame Of Registered Owner IRIC No S2704682G mail Address NG_MENG_HUI@HOTMAIL.COM (bible Phone No (LOCAL) +65-96680157 (biternative Phone No Office-96680157 Annufacturer MAZDA Andel CX-9-3.7 5-DOOR (A) xact Purpose for which vehicle was being used at me of accident are you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken ehicle Category PRIVATE CAR Annuare Company lame of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. yope Of Coverage (COMPREHENSIVE No) Folicy Number sover Note Number Driver NG MENG HUI REMONDAM S2704682G NG_MENG HUI MAZDA CX-9-3.7 5-DOOR (A) CX-9-3.7 | Vehicle Registration Number | SFS9936U | | | |
| IRIC No mail Address | Insured/Policyholder | | | | |
| mail Address MG_MENG_HUI@HOTMAIL.COM Mobile Phone No (LOCAL) +65-96680157 METABOLIC PARTICULARS MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA MAZDA | Name Of Registered Owner | NG MENG HUI | | | |
| Mobile Phone No (LOCAL) +65-96680157 Idernative Phone No Office-96680157 Identice Particulars MazDA Model CX-9-3.7 5-DOOR (A) xact Purpose for which vehicle was being used at me of accident ree you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken ehicle Category PRIVATE CAR Insurance Company Identice Company Alian ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Identice Policy No Policy Number Priver Identice Opriver NG MENG HUI | NRIC No | S2704682G | | | |
| Alternative Phone No Vehicle Particulars Annufacturer Andel CX-9-3.7 5-DOOR (A) xact Purpose for which vehicle was being used at me of accident are you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken ehicle Category Insurance Company Ald ASIA PACIFIC INSURANCE PTE. LTD. YES Ald ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Insurance Company Insurance Company Ald ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Insurance Company Ins | Email Address | NG_MENG_HUI@HOTMAIL.COM | | | |
| Vehicle Particulars Vanufacturer Maddel CX-9-3.7 5-DOOR (A) Xxact Purpose for which vehicle was being used at me of accident Are you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken Vehicle Category PRIVATE CAR Vanuariance Company Valuarian of Insurance Company Valuarian of Insurance Company Valuarian of Coverage Valuari | Mobile Phone No | (LOCAL) +65-96680157 | | | |
| Manufacturer Model CX-9-3.7 5-DOOR (A) xact Purpose for which vehicle was being used at me of accident xre you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken lehicle Category RIVATE CAR surance Company lame of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. YOUR OF COVERAGE Leet Policy NO Collicy Number Cover Note Number AIG ASIA PACIFIC INSURANCE PTE. LTD. MO Collicy Number Cover Note Number Cover Note Number NO MISSING HUI | Alternative Phone No | Office-96680157 | | | |
| Model CX-9-3.7 5-DOOR (A) xact Purpose for which vehicle was being used at me of accident re you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken ehicle Category PRIVATE CAR resurance Company lame of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. yope Of Coverage COMPREHENSIVE leet Policy NO solicy Number cover Note Number foreign Signal Si | Vehicle Particulars | | | | |
| xact Purpose for which vehicle was being used at me of accident re you claiming under your own insurance policy or repair to your vehicle? YES No, Please state action to be taken PRIVATE CAR AIG ASIA PACIFIC INSURANCE PTE. LTD. YOUR OF COMPREHENSIVE Ideet Policy NO POINT NO P | Manufacturer | MAZDA | | | |
| me of accident are you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken which category PRIVATE CAR PRIVATE CAR AIG ASIA PACIFIC INSURANCE PTE. LTD. Yepe Of Coverage Leet Policy NO POINT NO PO | Model | CX-9-3.7 5-DOOR (A) | | | |
| or repair to your vehicle? I No, Please state action to be taken I No, Please state action to be taken I No, Please state action to be taken I PRIVATE CAR I SURANCE PTE. LTD. I SURANCE PTE. LT | Exact Purpose for which vehicle was being used at time of accident | | | | |
| rehicle Category Insurance Company Itame of Insurance Company Itame of Insurance Company Itame of Coverage Itame of Driver Itame of Driver Itame of Driver Itame of Driver Insurance Company Itame of Company | Are you claiming under your own insurance policy for repair to your vehicle? | YES | | | |
| Issurance Company Issurance Co | If No, Please state action to be taken | | | | |
| lame of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Reet Policy NO Policy Number Rever Note Number Rever Note Driver Refer to Driver Rever Note Driver Rever Note Mens Hul | Vehicle Category | PRIVATE CAR | | | |
| leet Policy NO Policy Number Pover Note Number Poriver Iame of Driver NG MENG HUI COMPREHENSIVE NO | Insurance Company | | | | |
| Reet Policy NO Policy Number Pover Note Number Poriver Iame of Driver NG MENG HUI | Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | |
| Policy Number Sover Note Number Driver Iame of Driver NG MENG HUI | Type Of Coverage | COMPREHENSIVE | | | |
| Prover Note Number Oriver Iame of Driver NG MENG HUI | Fleet Policy | NO | | | |
| Driver Iame of Driver NG MENG HUI | Policy Number | | | | |
| lame of Driver NG MENG HUI | Cover Note Number | | | | |
| | Driver | | | | |
| IRIC No S2704682G | Name of Driver | NG MENG HUI | | | |
| | NRIC No | S2704682G | | | |

14/07/1965

29/07/2000

18 YEARS AND 8 MONTHS

INDOOR

Gender **MALE**

Mobile Number (LOCAL) +65-96680157

Fax Number

Contact Number OFFICE-96680157

EMail Address NG_MENG_HUI@HOTMAIL.COM

31 JALAN DUSUN Address

#05-01

Postcode 329370 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** SMH6490H

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

AIG Asia Pacific Insurance Pte. Ltd.

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

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

3

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? YES

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

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 GBH1934H

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver ANTHONY LIM BOON TONG

NRIC/Passport Number

S1500144E

COMMERCIAL VEHICLE

Contact Number

93257756

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC6629H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver MD BEGAM BIN SE

NRIC/Passport Number S7537145D **Contact Number** 98263180

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Sketch Plan

SKETCH PLAN

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. 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)
 - (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
- (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.
- 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.

Date & Time: 3|4|

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

Name NRIC/FIN No.:

SKETCH PLAN TO > JIN Bt Meralsiped To Truck AYE Truck DESCRIBE CIRCUMSTANCES OF THE ACCIDENT LICENSE PLATE NO: ACCIDENT DATE: 3 april 2019 96680157 CONTACT NUMBER: EMAIL: Ag-meng hui @ hotmail. com 2.40 pm ACCIDENT TIME: I'm Bt merale CTE toward just before LOCATION: Slipwad Was along cruising toward both car is front as firated Got down to inspect Situating and noted there was another car in flopped in found of (GBH1934H realised was a collision chain NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION PLEASE STATE: CLAIM OWN POLICY ()REPORTING ONLY () CLAIM THIRD PARTY DECLARATION I/We declare the foregoing particulars are true in every respect. MAWA Policyholder's Signature Driver's Signature Reporting Co nature Date & Time: 3 419 (If driver is not the policyholder) 1633 Name:

NRIC/FIN No.:

SIARME SketchPlanform_V3

Date & Time:





1 of 1

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20190403/7020

| Date/Time Report Made 03/04/2019 17:49 | Vide Report No. Station | | Station Diary No. | |
|---|---|-----|-------------------|---------|
| Name Of Informant | Address | | | |
| NG MENG HUI | 31 JALAN DUSUN #05-01 SINGAPORE 329370 | | | |
| ID Type / ID No. NRIC NO / S2704682G | Contact No. Home/Office: Mobile: 96680157 | | | |
| Nationality MALAYSIAN | Email Address | | | |
| Occupation | Sex | Age | Date of Birth | Race |
| Architect | Male | 53 | 14/07/1965 | Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident | Location Of Incident | | | |
| 03/04/2019 14:40 - 03/04/2019 14:40 | 31 JALAN DUSUN #05-01 SINGAPORE 329370 | | | |

I was cruising (driving my Mazda CX 9 SFS 9936U) along CTE towards AYE (just before Jalan Bt Merah sliproad). Car(truck) in front (GBH 1934H) suddenly jam braked and I immediately depressed my car brake. My car hit the car in front (GBH 1934H) and both air bags (driver + passengers) were activated. I got down to inspect situation and noted that there was another truck in-front of GBH 1934H) ie truck GBC 6629H; realising it was a chain collision.

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 03/04/2019 17:49 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |















