SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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.

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/04/2019 13:40
Date Of Accident	25/04/2019 12:00
Exact Location Of Accident	HOUGANG AVE 9 NEAR BLK 917
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6539U
Insured/Policyholder	
Name Of Registered Owner	XOD BOX PTE LTD
Co Reg No	200406647E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67474712
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3 1.6 EX
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO LUNCH
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800051469
Cover Note Number	
Driver	
Name of Driver	NG CHIN HWA
NRIC No	S8231436I
Date Of Birth	23/09/1982

INDOOR

24/03/2007

12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96839918

Fax Number

Contact Number

EMail Address DARREN@XODBOX.COM.SG

Address 94 EDGEDALE PLAINS #10-32

Postcode 828687

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 - HEAD TO REAR

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

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)

Passenger 1 Name: : LYSANDRA

Gender: : Female

Passenger 2 Name: : JAE

Gender: : Female

Passenger 3 Name: : PORTIA

Gender: : Female

Passenger 4 Name: : SHAREE

Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB7447P

Vehicle Make/Model/Colour WHITE LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SONG YANG

NRIC/Passport Number

Contact Number 86478217

Address Postcode

Insurance Company Name

Nature Of Damage SLIGHT DENT ON BACK CARPLATE

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

- 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
- 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:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I blb	was approaching a frattic light along Hougang Due 9 near . 917 when the sorry in front suddenly jam break.
The	The long was half may across the traffic light junc-
	was sudden and I could not break in fine.
	Λ

DECLARATION

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

D

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SERVICE SERVICE SERVICE AND ADDRESS OF THE ADDRESS

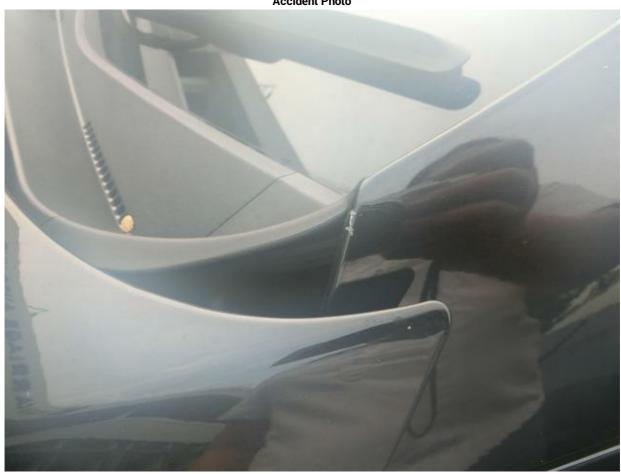


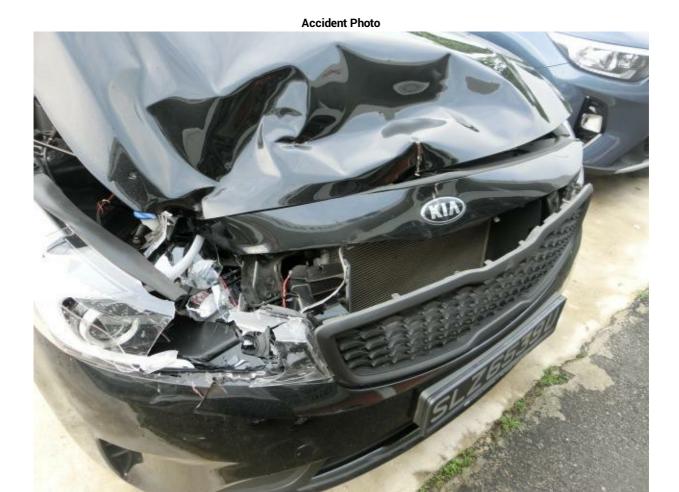












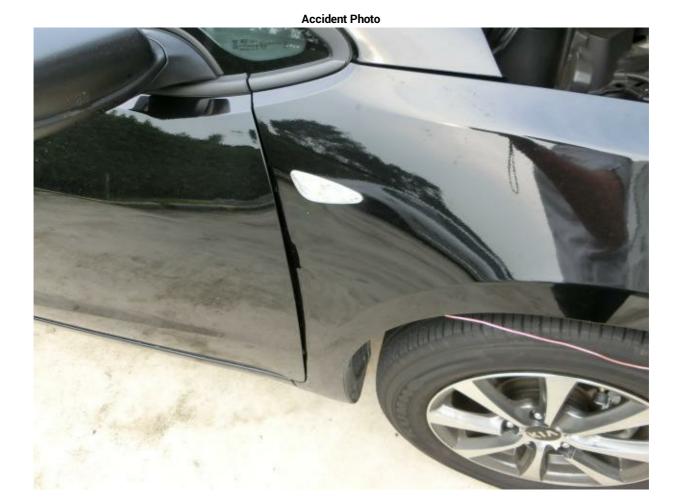






















Police Report

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that _Ng Chin Hwu NRIC/FIN <u>\$8231436f</u>, has reported to the Police a non-injury traffic accident which occurred along Hougang Avenue 9 near Bik 917 Hougang Avenue 9. on _25/04/2019_at __12,00____ann/pm Involving the following vehicles: Informant: SLZ6539U, Black Kia Cerato Other Purty: GBB7447P, White Lorry HP: 96478217

If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Nume of Issuing Officer: SGT ASHLEY

Date: 25/04/2019

Time: 1335 hrs

S/D Ref. 99 GL HOUGANG NEIGHBOURHOOD POLICE CENTRE

Original – to be issued to informer: Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Identification Card



