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 <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.
- 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	17/06/2019 18:03		
Date Of Accident	15/06/2019 13:30		
Exact Location Of Accident	BEDOK NORTH AVE 3		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD5929A		
Insured/Policyholder			
Name Of Registered Owner	CHING KENG GIN		
NRIC No	S1471203H		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-84842302		
Alternative Phone No	OTHERS-84842302		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	QASHQAI		
Exact Purpose for which vehicle was being used at time of accident	t PRIVATE USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
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	2100471586-02		
Cover Note Number			
Driver			
Name of Driver	CHING YIHONG,GLENN		
NRIC No	S9234845H		

 NRIC No
 \$9234845H

 Date Of Birth
 07/09/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 21/05/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84842302

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 8 KIM TIAN PLACE

#04-55 163008

M-- delice and another of the beautiful October 100

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

Postcode

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?

NO YES

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGZ3337P

Vehicle Make/Model/Colour HONDA FIT

Details Of Properties

PRIVATE CAR

Name of Driver EARNEST TAN REN WEI

NRIC/Passport Number S9432996E

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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:
 - 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: Driver's Signature

(If driver is not the policyholder)
Date & Time: | 5 | 6 | 1 |

16:20

Reporting Centre Personnel's Signature

17/06/19

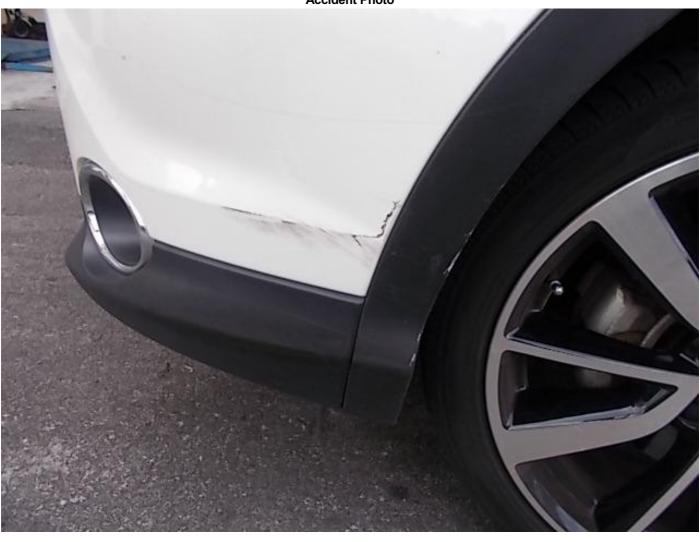
Name: NRIC/FIN No.:

Individual Statement

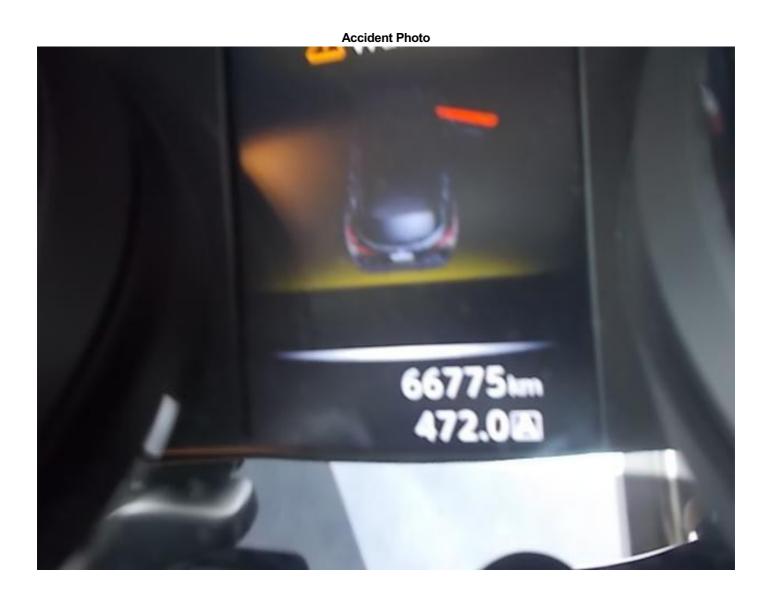
SKETCH PLAN			
A-SLD59 B-SGZ33		Innin Balla	BEDOK MOR
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		91 9
These after he pro Along Bedok North Coming to the T but Pater turned my course of to represent to my condownage on his the pater to represent to my condownage on his the pater to represent to my condownage on his	stop, couring the concled to love 2. Ave 3, he tried Junction filter low into the filter low and Stopping Just oracl Stopping Just	belond me. I the before the fill type but my former produces pricular and left	by aboutly turning y eignalised to turn right too decided to change for long he intentionally out bumple, no other moded. Is llowing which. I made a coil to him from a distance.
DECLARATION I/We declare the foregoing parti Policyholder's Signature Date & Time;	Driver's Signature (If driver is not the policy Date & Time: 16.2)	holder) Nam NRIC	Sym 17/06/cq porting Centre Personnel's Signature ne: C/FIN No.:

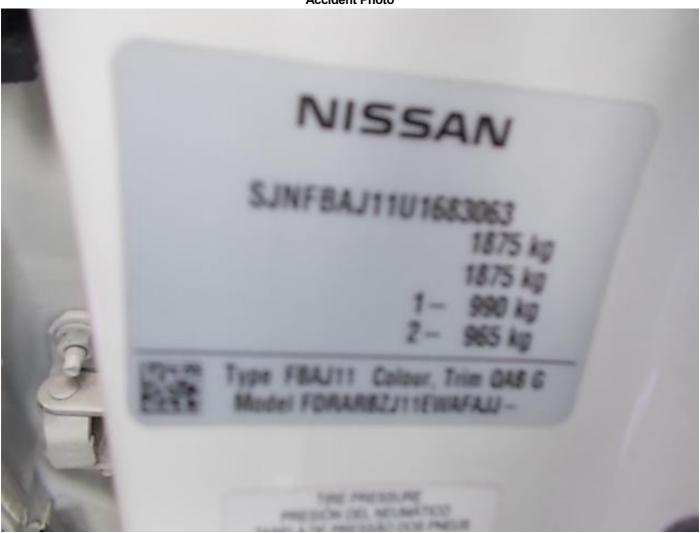












NON INJURY POLICE REPORT

ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>CHING VIHONG</u>, <u>GLENN</u>, NRIC: <u>89234845H</u>, has reported to the Police a non-injury traffic accident which occurred along <u>Bedok North</u>

<u>Avenue 3 towards Bedok Reservoir Road</u> on <u>15/06/2019</u> at <u>1330hrs</u> involving the following vehicles:

- SLD5929A (Nissan Qashqai / White)
- SGZ3337P (Honda Fit / Silver)
- If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SSGT MUHAMMAD HAFIZAN BIN ASRI

Date: 15/06/2019 Time: 1420hrs

S/D Ref: 79

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant Duplicate- to be submitted to Traffic Police

Bedok North NPC No. 30 Bedok North Rose Ungapore 659676 Tel: 1800-348999

Identification Card





Addendum Sheet



Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MAID 119078997 Vehicle Registration No: 540 5939A Name(as shown in NRIC): CHING YIHONG, GLENNNRIC/FIN/Passport No: 59234845H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate BLK & KIM TIAN PLACE Address Singapore(Contact (Tel) Email Address Date of Accident : 15/06/19 Time of Accident: 13:30 Place of Accident : BEDOR MORTH AVE 3 Insurance Company: ____ A14 (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND TP VEH NO en 28/06/19 Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: