MTE119081314-01 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 22/06/2019 13:42 SUBMITTED BY: Jess Francis

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.

| atoresaid. | |
|--|---------------------------------------|
| 美国人民共享的 | ACCIDENT STATEMENT |
| Date Of Report | 22/06/2019 13:42 |
| Date Of Accident | 21/06/2019 13:40 |
| Exact Location Of Accident | IN FRONT OF 20 MARLENE AVE HOUSE GATE |
| Country/State of Loss | SINGAPORE |
| D. C. Company | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | EE747T |
| Insured/Policyholder | |
| Name Of Registered Owner | LOH LEE KIN |
| NRIC No | S0114764A |
| Email Address | LOH.LEE.KIN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98282946 |
| Alternative Phone No | OFFICE-98282946 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | 5 SP-2.0 (A) |
| 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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| 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 | 1800025876 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TEO TEOW MENG |
| NRIC No | S0004770H |
| Date Of Birth | 24/02/1949 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/12/1968 |
| Driving Experience | 50 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98194525 |
| Fax Number | |
| | |

TEO.TEOW.MENG@GMAIL.COM

Address

27 MARLENE AVENUE

Postcode

556653

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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 (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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

SEE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

SMF1410H

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SEE THOR JUN XIAN, BRIAN

DETAILS OF OTHER VEHICLE PROPERTY 1

NRIC/Passport Number

S9441863A

Contact Number

93513304

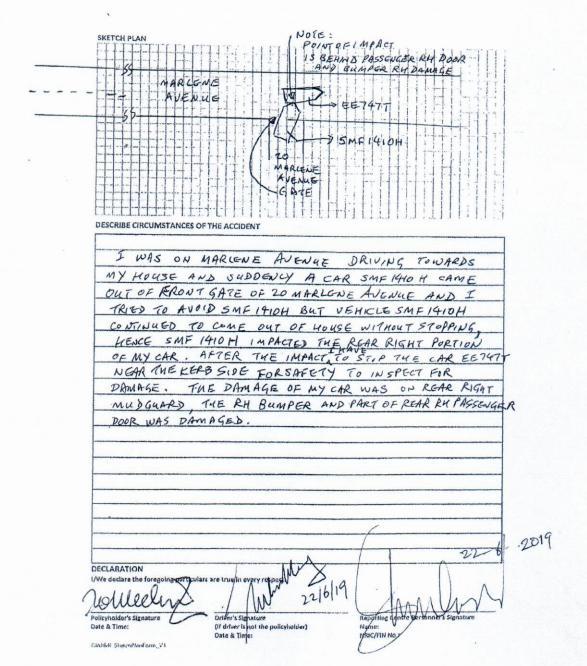
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 [all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in
 - 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.
- 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 this purposes stated, or 22-1-2019

(ii) for complying with requirements under any regulations, lays or court orders

Policyholder's Signatur

vor's Signature

Oliobab, weighthanfurer V3

Addendum Sheet Pg. 1



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: \$665S0020G / 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

| Email Address: Mobile No.: 928 2946 Email Address: Mobile No.: 928 2946 Date of Accident: 13:140 Place of Accident: 13:140 Place of Accident: 14 From DF M MAMENTE AVE FROMSE Insurance Company: Manual Mender and would like to include additional information or make the following amendments: I would like to Put Additional to the original war of the original manual ments of the original manual ments. I would like to Put Additional ment to the original ments of the original manual ments. Before the Accident: 1 Saw in the pistance of the regn Sin38756 | Original Report No: MATERIA DE 214-0 Vehicle Registration No: FETTET Name (as shown in NRIC): LOST WE KIN NRIC/FIN/Passport No: CONTITUTE (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address: NAMELIA AVE Singapore (576): Contact (Tel): Mobile No.: 9228 2946 Email Address: Mobile No.: 9228 2946 Email Address: Mobile No.: 9228 2946 Date of Accident: Defection Time of Accident: 13:10 Place of Accident: Mobile No.: 13:10 Place of Accident: Mobile No.: 14:10 Place of Accident: No.: 14:10 Place of Accident: No.: 15:10 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: I WOULD LIKE TO PUT ADDITIONAL COMMENT TO THE ORIGINAL COMMENT IS DESCRIPTION CIRCUMSTANCES OF THE ACCIDENT. THE ADDITIONAL COMMENT IS BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN38756 OF FOAD OF F | | |
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| Name (as shown in NRIC): DH WE KIN NRIC/FIN/Passport No: COMMITTED (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address: NAMMER AVE Singapore (576) Contact (Tel): Mobile No.: 9928 2046 Email Address: M. Lee. Kin & gwall vom Date of Accident: DH FINAM DE NAME AVE FORMER Insurance Company: ME NAME AVE FORMER Insurance Company: ME NAME AVE FORMER I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I WOULD LIKE TO PUT ADDITIONAL COMMENT TO THE ORIGINAL COMMENT IS BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN38756 OF FORE ORIGINAL OUT OF MY LANE SO I MAY ANOTO THE PARKED | Name(as shownin NRIC): DH VI KIN NRIC/FIN/Passport No: COULT KIN ("Vehicle Driver/Vehicle Owner) (") Please delete as appropriate Address: 17 MMULLIE AVE Singapore (56) Contact (Tel): Mobile No.: 922 2046 Email Address: Who Lee Kin W qww. Um Date of Accident: 13 140 Place of Accident: No Fund DE M MAMENT AVE FORKE Insurance Company: Main DE M MAMENT AVE FORKE Insurance Company: Main DE M MAMENT AVE FORKE Insurance Company: Main DE M MAMENT AVE FORKE I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I would like to Put Additional owners To rule original information or make the following amendments: I would like to Put Additional To rule original Is BEFORE THE ACCIDENT, I SAW IN THE ADDITIONAL COMMENT IS BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN38756 OF KOAD DE SO I PROCECOPED SUGNITY OUT OF MY LANE SO I MAY HADD THE PARKED | (A) . PARTICULARS OF PERSON MAKING THE AMENDM | IENTS: |
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| Email Address: Who lee . Kin & quickly tem Date of Accident: DI - 1 WAY DF MANNEAUTE AND FLOWER Place of Accident: MANNEAUTE AND FLOWER Insurance Company: Manney DF MANNEAUTE AND FLOWER Insurance Company: Manney DF MANNEAUTE AND FLOWER I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I WOULD LIKE TO PUT ADDITIONAL COMMENT TO THE ORIGINAL COMMENT IS BEFORE THE ACCIDENT! THE ADDITIONAL COMMENT IS BEFORE THE ACCIDENT! THE ADDITIONAL COMMENT IS BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN38 756 ADDITIONAL COMMENT IS OF KOAD OF KOAD OF ROAD OF RO | Email Address: John Lee Kin de gracul vom Date of Accident: At fonce Place of Accident: IN PROM DE MEMBERSE Insurance Company: ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I WOULD LIKE TO PUT ADDITIONAL COMMENT TO THE ORIGINAL BESCRIPTION CIRCUMSTANCES OF THE ACCIDENT." THE ADDITIONAL COMMENT IS BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN38 756 OF FOAD DESO I PROCESSED SUGHTLY OUT OF MY LANE SO I MAY MORD THE PARKED | (*Vehicle Driver / Vehicle Owner) (*) Please delete | as appropriate |
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| Policyholder / Priver's Signature Reporting General Personnel's Signature | | CAR S LN 3875 G. Malla Policyholder / Priver's Signature | 4-7-1 |
| Policyholder / Driver's Signature Date: Reporting dentre Personnel's Signature Name: NRIC/EIN-No.: | Date: Name: | CAR S LN 3875 G. Malla Policyholder / Priver's Signature | Reporting Centre Personnel's Signature Name: |

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