

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	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

DETAILS 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	
Contact Number	
Email Address	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) involved in the accident	2
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

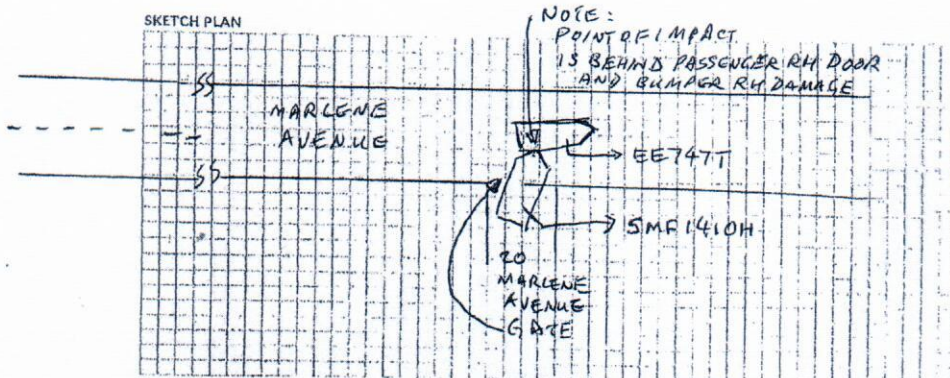
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF1410H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE THOR JUN XIAN, BRIAN
NRIC/Passport Number	S9441863A
Contact Number	93513304
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON MARLENE AVENUE DRIVING TOWARDS MY HOUSE AND SUDDENLY A CAR SMF1410H CAME OUT OF FRONT GATE OF 20 MARLENE AVENUE AND I TRIED TO AVOID SMF1410H BUT VEHICLE SMF1410H CONTINUED TO COME OUT OF HOUSE WITHOUT STOPPING, HENCE SMF1410H IMPACTED THE REAR RIGHT PORTION OF MY CAR. AFTER THE IMPACT, ^{I HAVE} TO STOP THE CAR EE747T NEAR THE KERB SIDE FOR SAFETY TO INSPECT FOR DAMAGE. THE DAMAGE OF MY CAR WAS ON REAR RIGHT MUDGUARD, THE RH BUMPER AND PART OF REAR RH PASSENGER DOOR WAS DAMAGED.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

CLM/DR SketchPlanForm_V1

4. Please report correctly the details of the accident to speed up the claims process.
5. This Form must be completed by the Policyholder and/or the Authorised Driver.
6. 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.
7. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
8. Any false reporting may be referred to the Police for investigation.
9. 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.
10. 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.
11. Consent under the Personal Data Protection Act (PDPA)

(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 purposes(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 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.

22-1

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

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: S66500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAH 119081314-01 Vehicle Registration No : EE7477
Name (as shown in NRIC) : LOH LEE KIN NRIC/FIN/Passport No : S0114761A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 17 MARULAN AVE Singapore (636653)
Contact (Tel) : _____ Mobile No. : 9828 2946
Email Address : loh.lee.kin@gmail.com
Date of Accident : 21-6-2019 Time of Accident : 13:40
Place of Accident : IN FRONT OF 17 MARULAN AVE HOUSE GATE
Insurance Company : AT&T

(B) 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
"DESCRIPTION CIRCUMSTANCES OF THE ACCIDENT." THE ADDITIONAL COMMENT IS
BEFORE THE ACCIDENT, I SAW IN THE DISTANCE A CAR REGN SLN 3875G ^{PARKED} ON
LEFT SIDE ^{OF ROAD} SO I PROCEEDED SLIGHTLY OUT OF MY LANE SO I MAY ~~AVOID~~ THE PARKED
CAR SLN 3875G.

Policyholder / Driver's Signature
Date: 4/7/19

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 4-7-19