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 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.

ACCIDENT STATEMENT	
Date Of Report	03/08/2019 14:48
Date Of Accident	02/08/2019 09:30
Exact Location Of Accident	CARPARK AT BLK 163 ANG MO KIO AVENUE 4 (560163)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFN2345Y
Insured/Policyholder	
Name Of Registered Owner	GOH LAY SEOW
NRIC No	S1200663B
Email Address	RYANNG@CHONGFONG.COM
Mobile Phone No	(LOCAL) +65-96382579
Alternative Phone No	OTHERS-97348048
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC250 COUPE 4MATIC AUTO
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	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	1900062842
Cover Note Number	
Driver	
Name of Driver	GOH LAY SEOW
NRIC No	S1200663B
Date Of Birth	29/12/1956
Occupation	INDOOR
Date Of Driving Pass	27/01/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96382579
Fax Number	
Contact Number	OTHERS-97348048
EMail Address	RYANNG@CHONGFONG.COM

Address	89 LORONG K TELOK KURAU
Postcode	1542
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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

PLEASE REFER TO 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	SLU2811K
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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) 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.

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.:

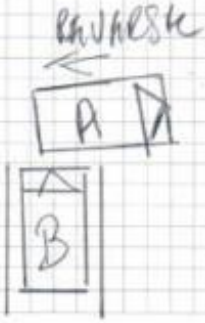
Accident Sketch Plan

SKETCH PLAN

CARPARK AT 163 BOON KENG AVE 4

A) SFN2345Y

B) SLU2811K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my car, and accidentally brush on the bumper of SLU2811K.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

02/08/2019

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

Accident Photo

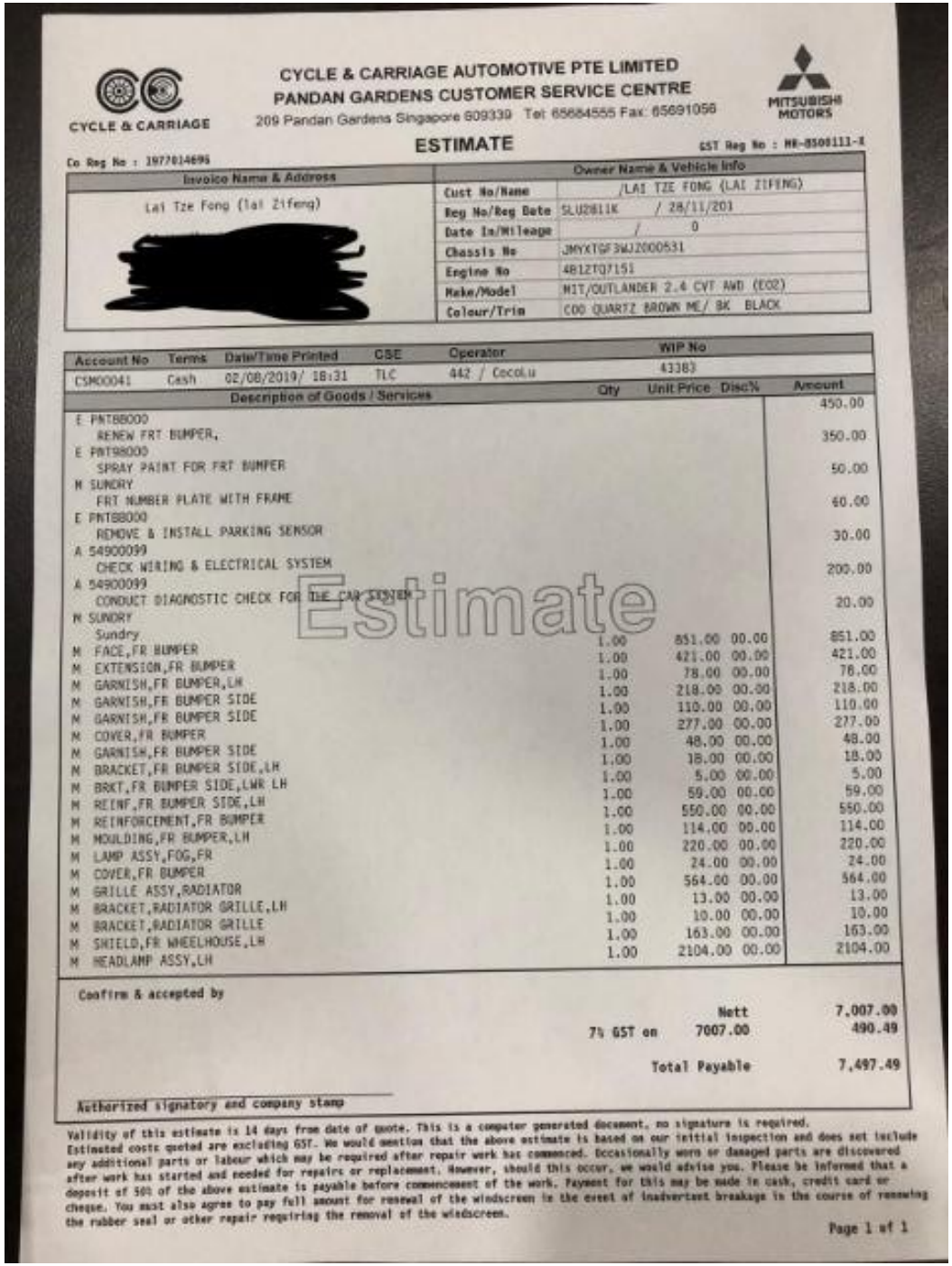
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE
209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI MOTORS

ESTIMATE

Co Reg No : 197701469Z

GST Reg No : MR-8500111-E

Invoice Name & Address	Owner Name & Vehicle Info	
Lai Tze Fong (lai Zifeng) [redacted]	Cust No/Name	/LAI TZE FONG (LAI ZIFENG)
	Reg No/Reg Date	SLU2811K / 28/11/203
	Date In/Mileage	/ 0
	Chassis No	JMYXTGF3WJ2000531
	Engine No	4B12TQ7151
	Make/Model	MIT/OUTLANDER 2.4 CVT AWD (E02)
	Colour/Trim	C00 QUARTZ BROWN ME/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00041	Cash	02/08/2019/ 18:31	TLC	442 / Cecelu	43383

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000				450.00
RENEW FRT BUMPER.				350.00
E PNT98000				
SPRAY PAINT FOR FRT BUMPER				50.00
M SUNDRY				
FRT NUMBER PLATE WITH FRAME				60.00
E PNT88000				
REMOVE & INSTALL PARKING SENSOR				30.00
A 54900099				
CHECK WIRING & ELECTRICAL SYSTEM				200.00
A 54900099				
CONDUCT DIAGNOSTIC CHECK FOR THE CAR SYSTEM				20.00
M SUNDRY				
Sundry	1.00	851.00	00.00	851.00
M FACE,FR BUMPER	1.00	421.00	00.00	421.00
M EXTENSION,FR BUMPER	1.00	78.00	00.00	78.00
M GARNISH,FR BUMPER,LH	1.00	218.00	00.00	218.00
M GARNISH,FR BUMPER SIDE	1.00	110.00	00.00	110.00
M GARNISH,FR BUMPER SIDE	1.00	277.00	00.00	277.00
M COVER,FR BUMPER	1.00	48.00	00.00	48.00
M GARNISH,FR BUMPER SIDE	1.00	18.00	00.00	18.00
M BRACKET,FR BUMPER SIDE,LH	1.00	5.00	00.00	5.00
M BRKT,FR BUMPER SIDE,LWR LH	1.00	59.00	00.00	59.00
M REINF,FR BUMPER SIDE,LH	1.00	550.00	00.00	550.00
M REINFORCEMENT,FR BUMPER	1.00	114.00	00.00	114.00
M MOULDING,FR BUMPER,LH	1.00	220.00	00.00	220.00
M LAMP ASSY,FOG,FR	1.00	24.00	00.00	24.00
M COVER,FR BUMPER	1.00	564.00	00.00	564.00
M GRILLE ASSY,RADIATOR	1.00	13.00	00.00	13.00
M BRACKET,RADIATOR GRILLE,LH	1.00	10.00	00.00	10.00
M BRACKET,RADIATOR GRILLE	1.00	163.00	00.00	163.00
M SHIELD,FR WHEELHOUSE,LH	1.00	2104.00	00.00	2104.00
M HEADLAMP ASSY,LH				

Confirm & accepted by

	Nett	7,007.00
7% GST on	7007.00	490.49
	Total Payable	7,497.49

Authorized signatory and company stamp

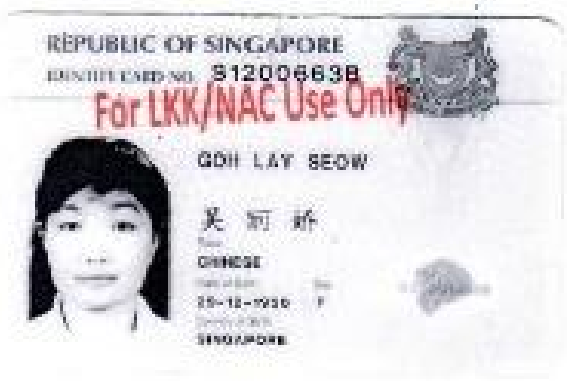
Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertant breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

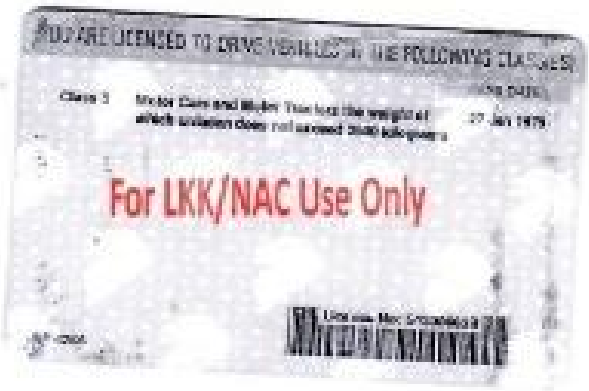
Page 1 of 1

Accident Photo

Accident Photo

Identification Card





Addendum Sheet

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: 38833002OC / GST Reg. No.: M400017731

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 : [illegible] Vehicle Registration No: SFM 2347Y

Name(as shown in NRIC) : GOH Lay Seow NRIC/FIN/Passport No :

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 96382579

Email Address :

Date of Accident : Time of Accident : 09:30

Place of Accident : 8 Oct 2018

Insurance Company : AIG

(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:

DRIVER NAME GOH Lay SEOW

Policyholder / Driver's Signature
Date:

16/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: