SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

| foresaid. | | |
|---|--|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 16/09/2019 10:09 | |
| Date Of Accident | 16/09/2019 07:30 | |
| Exact Location Of Accident | TRAFFIC JUNCTION OF UPPER THOMSON RD & MARYMOUNT | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| /ehicle Registration Number | SLQ1508P | |
| Insured/Policyholder | | |
| Name Of Registered Owner | TAN KIAN HONG (CHEN JIANHONG) | |
| NRIC No | S7008495C | |
| Email Address | TANKHI@SINGNET.COM.SG | |
| Mobile Phone No | (LOCAL) +65-93871859 | |
| Alternative Phone No | Others-93871859 | |
| Vehicle Particulars | | |
| Manufacturer | NISSAN | |
| Model | QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A) | |
| Exact Purpose for which vehicle was being used at ime of accident | | |
| Are you claiming under your own insurance policy or repair to your vehicle? | YES | |
| f No, Please state action to be taken | | |
| /ehicle Category | PRIVATE CAR | |
| Insurance Company | | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. | |
| Гуре Of Coverage | COMPREHENSIVE | |
| Fleet Policy | NO | |
| Policy Number | 1700022278-02 | |
| Cover Note Number | 29/06/2019 - 28/06/2020 | |
| Driver | | |
| Name of Driver | TAN KIAN HONG (CHEN JIANHONG) | |
| NRIC No | S7008495C | |
| Date Of Birth | 18/03/1970 | |
| Occupation | INDOOR | |
| Date Of Driving Pass | 15/04/1992 | |

27 YEARS AND 5 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-93871859

Fax Number

Contact Number OTHERS-93871859

EMail Address TANKHI@SINGNET.COM.SG

Address BLK 341A SEMBAWANG CLOSE #07-59

Postcode

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 **COLLISION - HEAD TO REAR**

2

NO

NO

YES

NO

1

NO

NO

NO

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to attached sketch plan.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGZ6991E Vehicle Registration Number

Vehicle Make/Model/Colour VOLKSWAGEN GOLF RED

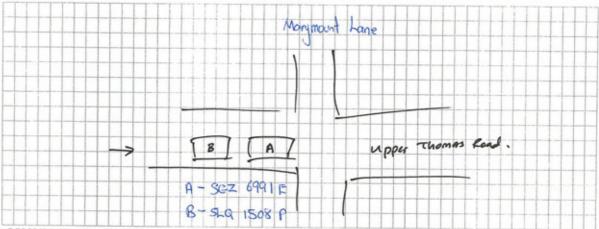
Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LIM CHEE HONG

S7902822C NRIC/Passport Number Contact Number 96868156

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| traffic Junction, the | this, while Driving alo | of upper Thomson Rund, |
|--|----------------------------------|---|
| camera at the Junction not able to stop in | n , he stopped. Awas | of upper Thomson Road, in order to avoid the As a result, I was onth his rear. |
| | | |
| | | |
| | | |
| | | |
| nportant: | | - Reporting Only |
| ou have been advised by the workshop th | at in the event that you wish to | - Reporting Only |
| nportant: ou have been advised by the workshop th aim against your own policy (OD CLAIM), AYS CLAUSE WHEREBY MUST BE MADE v | There is a FOURTEEN (14) | - Reporting Only - Claim OD - Claim TP |

DECLARATION

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

(15ar) 16/4/2019

Policyholder's signature 08/3
Date & Time

Driver's Signature (if driver not the policyholder) Date & Time Reporting Centre Personnel's Signature Name:

Nric/Fin No.

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)
 - (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
- 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 the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Ider's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card





Driving License



