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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/10/2019 14:24
Date Of Accident	14/10/2019 17:45
Exact Location Of Accident	JALAN BAHAGIA(OUTSIDE BLK 27)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ8441M
Insured/Policyholder	
Name Of Registered Owner	YIP WENG HONG
NRIC No	S7823460A
Email Address	ALEXYIP78@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98447574
Alternative Phone No	OFFICE-98447574
Vehicle Particulars	
Manufacturer	ALIDI

Manufacturer AUDI

Model A4 SEDAN 1.4 TFSI S

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 2100495679-02

Cover Note Number

Driver

Name of Driver YIP WENG HONG

NRIC No S7823460A Date Of Birth 29/08/1978 Occupation **INDOOR Date Of Driving Pass** 25/06/2003

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98447574

Fax Number

Contact Number OFFICE-98447574

EMail Address ALEXYIP78@HOTMAIL.COM

113 WHAMPOA RD Address

#10-93

Postcode 320113

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

SIDE SWIPE Type Of Accident 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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME: : LAI FUI LI KAREN

GENDER: : FEMALE

Passenger 2

NAME: : YIP LEI TING COLETTE

GENDER: : FEMALE

Passenger 3

NAME: : YIP LEI HUEN YVETTE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

THE ACCIDEENT HAPPEN ON JALAN BAHAGIA (OUTSIDE BLK 27) I WAS DRIVING ON THE RIGHT LANE & SUDDENLY THE TOYOTA VAN GBJ 5582 C CHANGE LANE & HIT MY VEHICLE. MYSELF & PASSENGERS WAS INJURED. MY VEHICLE DAMAGE AREA ON FRONT LEFT SIDE AND FRONT WINDSCREEN CRACK.

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

GBJ5582C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SLJ8441M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SLJ8441M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SLJ8441M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Postcode

DETAILS OF INJURED PERSON 4

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SLJ8441M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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: | 5 | 10

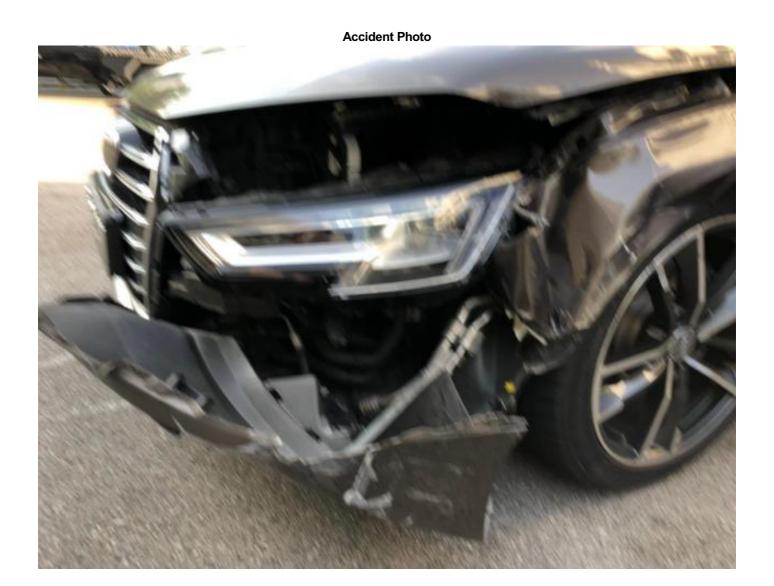
Driver's Signature (If driver is not the policyholder) Date & Time:

Name: by NRIC/FIN No.:

2040197X

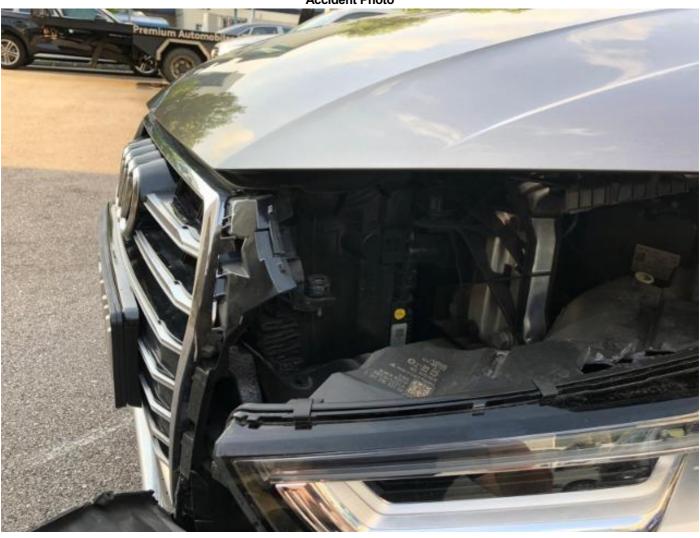
Reporting Centre Personnel's Signature

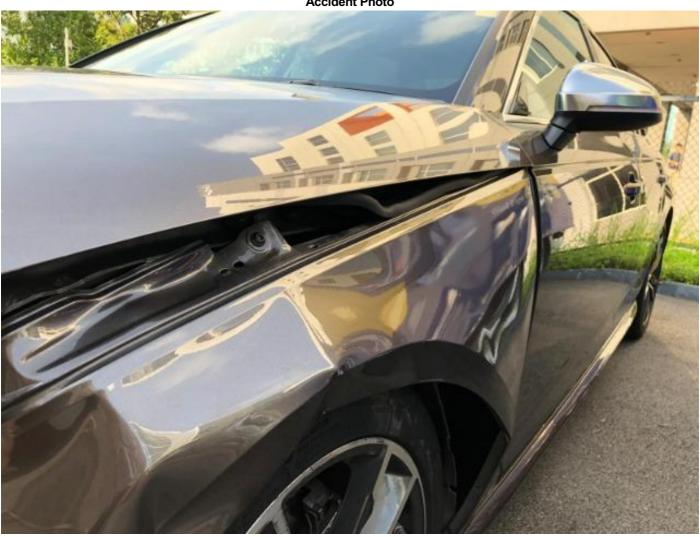
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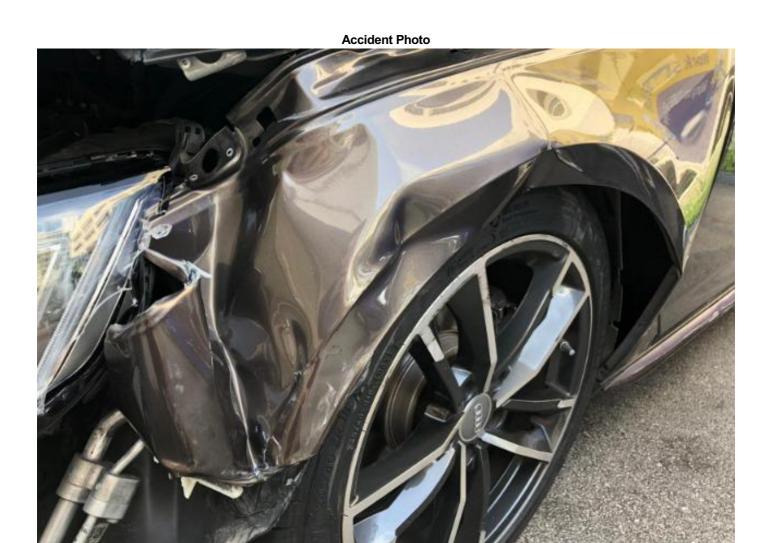






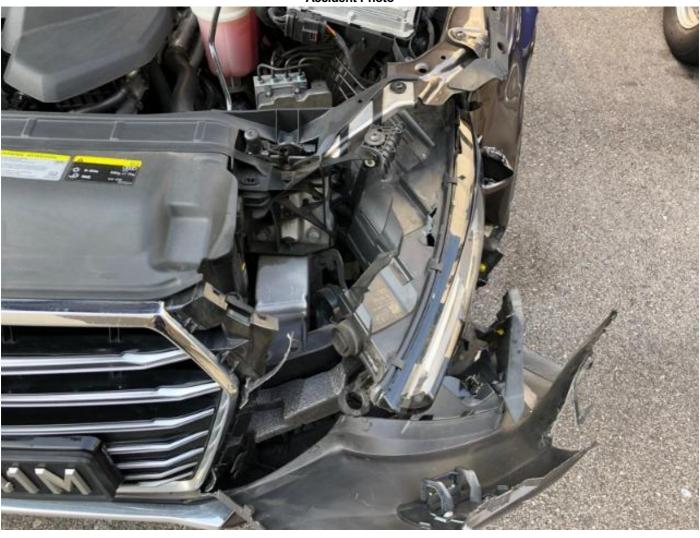










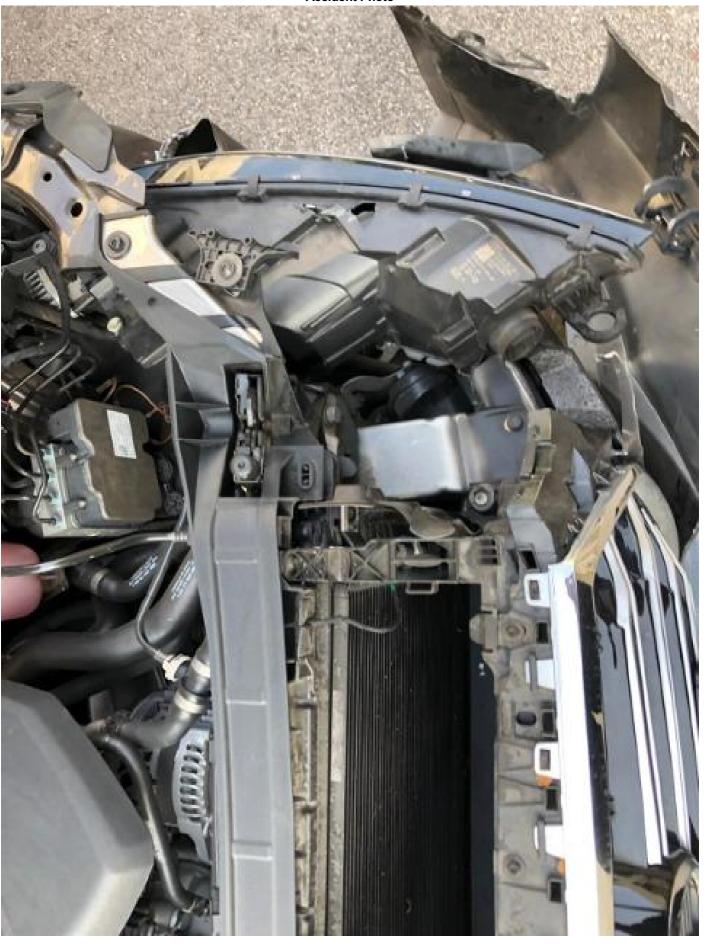


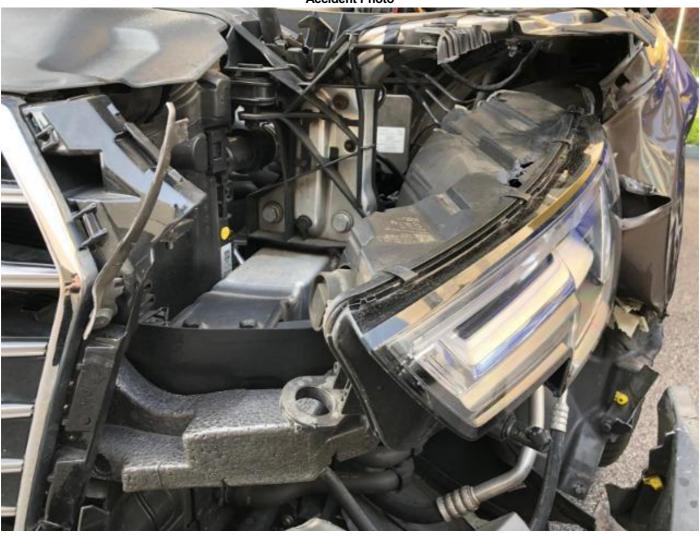


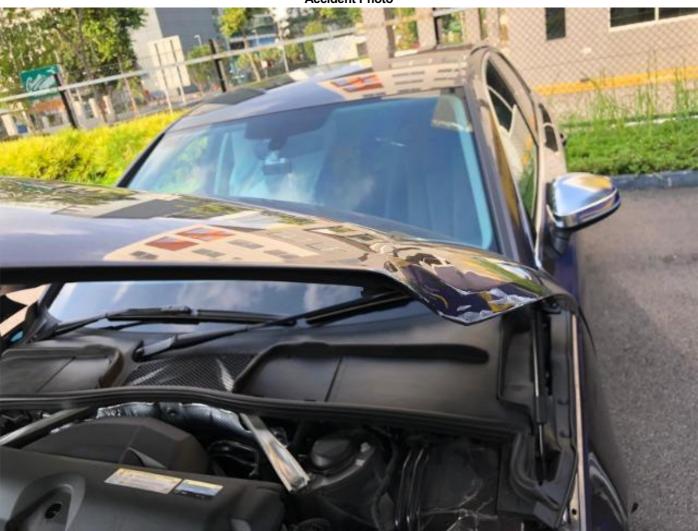




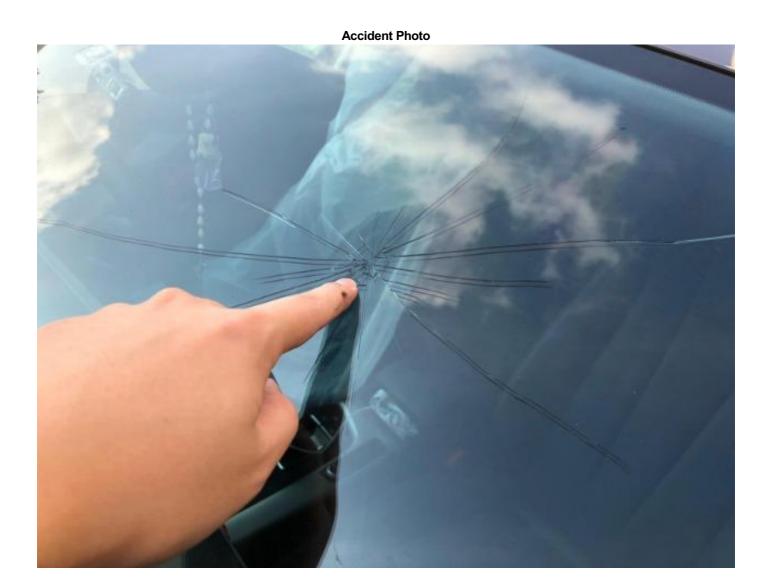






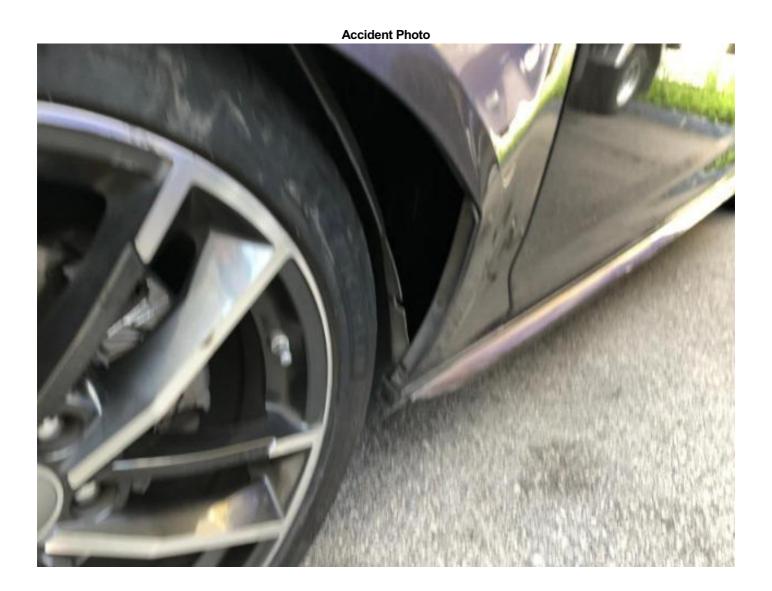








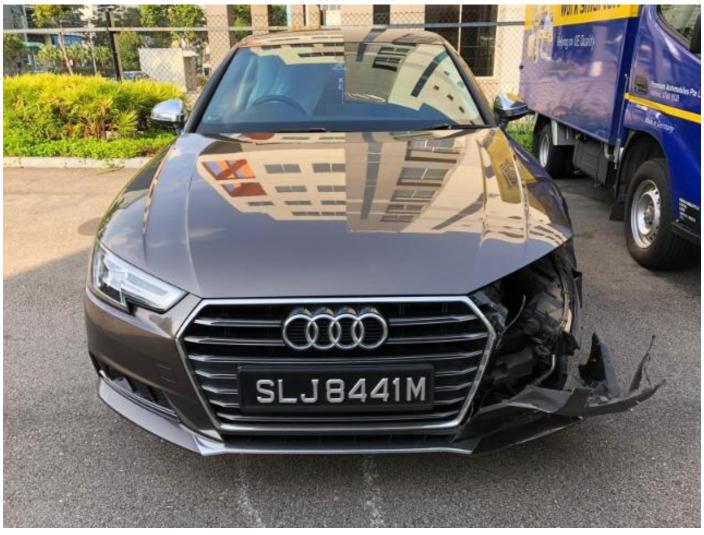












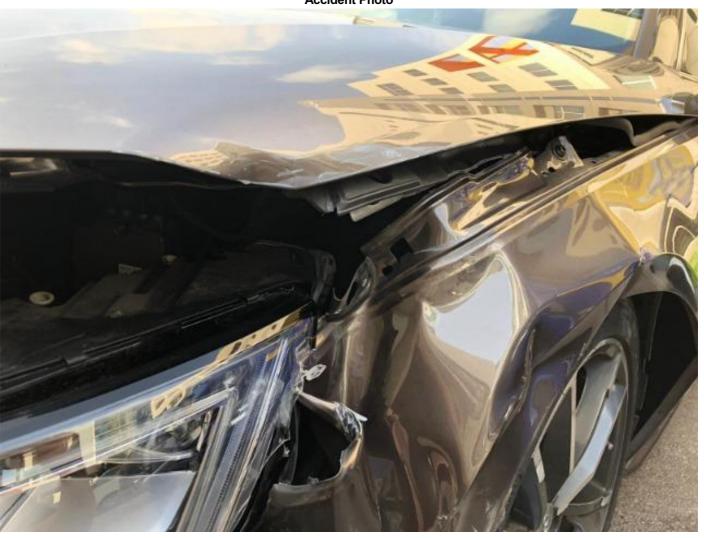








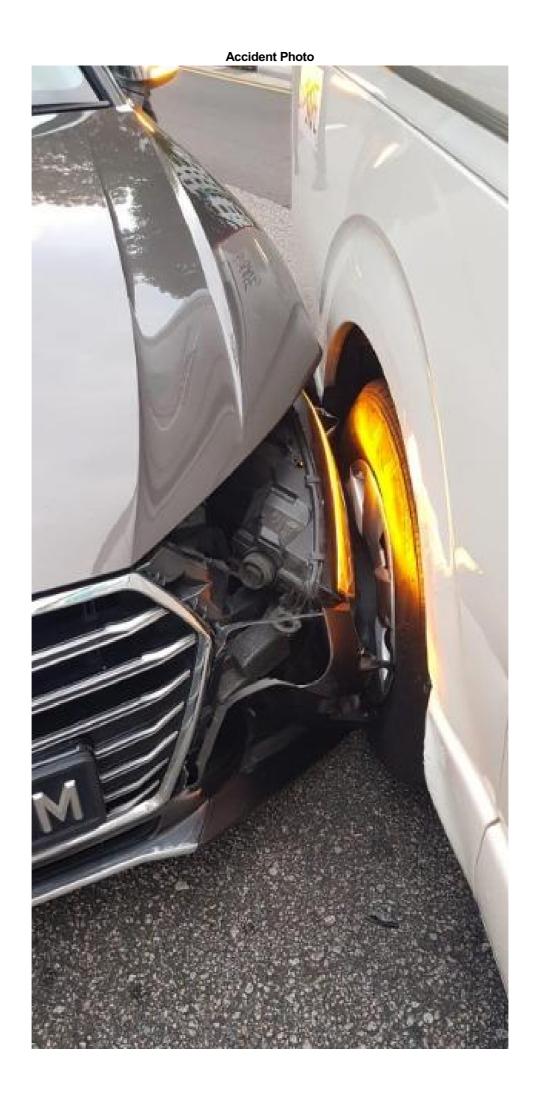
















1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20191015/7006

Date/Time Report Made 15/10/2019 08:00	Vide Repo	rt No.		Station Diary No.
Name Of Informant YIP WENG HONG	Address APT BLK 1 320113	113 WHA	AMPOA ROAD #10	0-93 SINGAPORE
ID Type / ID No. NRIC NO / S7823460A	Contact No Home/Office		Mobile; 98447574	
Nationality SINGAPORE CITIZEN	Email Addr alexyip78@	ACCOUNT NAME OF THE PARTY OF TH		
Occupation Facilities manager	Sex Male	Age 41	Date of Birth 29/08/1978	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/10/2019 17:45 - 14/10/2019 17:50	Location Of Incident 27 JALAN bahagia			
Frief details.				

- -road traffic accident at main road beside bk 27 jalan bahagia.
- accident with GBJ 5582C company van : xcool industries pte ltd

driver name ; miah saddam

FIN:G6973716T

- spouse and 2 child inside car during accident

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Date/Time; 15/10/2019 05:00	
Classification Of Case:	

Police Report





3 46 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191015/7006

Occupation	Student	Address	113 whampoa road #10-93
Home/Office No	63521797	Relation To	SINGAPORE 320113
		100490400000000	child
	horn	Informant	
Person Name	vip lei ting evette		
D Type	NRIC NO	ID No	la constant
Gender	Female	Age	T1323868I
Race	Chinese	The state of the s	6
Decupation	Student	Lenguage	English
		Address	113 whampos road #10-93
forme/Office No	83521797	7	SINGAPORE 320113
	SUME IT ST	Relation To	child
		THE STATE OF THE S	
erson Name	YIP WENG HONG (Infi	ormant)	
		- 1.16(11)	

Signature Of Officer Recording The Report:	Signature Of Informant
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2019 06:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report





81016/2005

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191015/7006

Victim				
Person Name	YIP WENG HONG			
ID Type	NRIC NO	lim no	and the second second	
Gender	Male	ID No	S7823460A	
Race	Chinese	Age	41	
Occupation	Facilities manager	Language	English	
Address	APT BLK 113 WHAMPOA	Address Type		
	ROAD #10-93 SINGAPORE	Mobile No	98447574	
	320113			
s Informant A	Yes.			
Victim?	1.65			
Person Name	lai fui li karen			
D Type	NRIC NO	ID No	-	
Gender	Female	The second secon	S7972965E	
Race	Chinese	Age	40	
Accupation	Financial/Investment adviser	Language	English	
	manufacta aution	Address	113 whampes road #10-93	
lobile No	97857492		SINGAPORE 320113	
	7.001.706	Relation To	spouse	
		Informant		
erson Name	yip lei ting colette			
Type	NRIC NO	ID No		
ender	Fomale		T1022596A	
ace	Chinese	Age	9	
		Language	English	

Signature Of Officer Recording The Report:	T T T T T T T T T T T T T T T T T T T
Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpretor: Not applicable	Date/Time: 15/10/2019 06:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	