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 <u>truthful and accurate</u> 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	11/01/2020 15:34	
Date Of Accident	10/01/2020 17:25	
Exact Location Of Accident	CLEMENTI ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL3999S	
Insured/Policyholder		
Name Of Registered Owner	NICCOL SOO CHENG CHEE	
NRIC No	SXXXX978B	
Email Address	NICCGSOO@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-93867989	
Alternative Phone No	HOME-62299975	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A3 SPORTBACK-1.4 TFSI (A)	
Exact Purpose for which vehicle was being used at time of accident	t e e e e e e e e e e e e e e e e e e e	
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	1800011609	
Cover Note Number		

Driver

Name of Driver CHEONG WEI YANG

NRIC No SXXXX605A

Date Of Birth 15/12/1975

Occupation INDOOR

Date Of Driving Pass 15/08/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96196219

Fax Number
Contact Number

EMail Address WEIYANG.CHEONG@GMAIL.COM

Address 69P JALAN LIM TAI SEE

Postcode 266270

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

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 NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : NI DEEN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS STOPPED AT THE TRAFFIC LIGHT FOR THE RIGHT TURN LANE (INNER-MOST) ON CLEMENTI ROAD, TURNING INTO ULU PANDAI ROAD. THE RIGHT TURN ARROW TURNED GREEN AND CARS STARTED TO MOVE. THE OTHER VEHICLE (SLG 7242 T) MOVED OFF AT A GOOD PACE, AND SO I FOLLOWED AT THE SAME ACCELERATING PACE. I HAD TURNED MY HEAD TO CHECK TRAFFIC AROUND ME, BUT SLG 7242 T SUDDENLY STOPPED AND I DROVE INTO HIS BACK AS I WAS NOT ABLE TO STOP IN TIME DESPITE APPLYING THE BRAKES. THIS OCCURED AT 1725H ON 10/01/2020.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG7242T

Vehicle Make/Model/Colour MERCEDES/CLA180/GREY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM THOW KHOO, EDDIE

NRIC/Passport Number SXXXX504I

Contact Number

Address

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

Sketch Plan

SKETCH FLAN

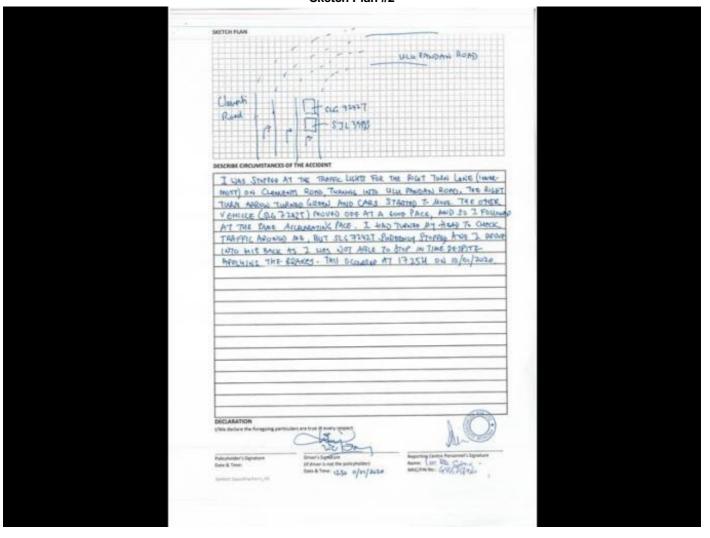
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- E. Consent under the Personal Data Protection Act (PDPA) ndertied, acknowledge, agree and careant that:
 - (see the country, the work-thing and the General Insurance Association of Engagenet, "GM") may/one permitted to collect, size, disclose and/for process may personal state/personal information and out in this (Brind) and any other personal information provided by one or processed by my nature (See the Collection of th

 - (ii) investigating the autifant and/or my stame,
 - (III) sarrying out and/or dealing with my instructions or responding to any enquiries by me,
 - (iid) ediministering my claims (probleding the melting of correspondence, shatements, exocus), reports or notices to me, which could envise disclosure of cordin personal data about me to foring edical delivery of the same as well as on the external core of environgemental packages; and the
 - (e) complete with applicable less in administering, processing, funding analysis deating with my charm, (collectively the "Purpose")
- (iii) all insurer(s) who have insured selecte(s) invalved in this accident and the insurer's lawyer; have firm, may, 'ere permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose; and
- (b) my Personal Information may/law be disclosed by any of the insurers and/or SIA to their third party service providers or agents/including their lawyers/law femal, which may be alted outside of Singapore, for one or more of the above hursons
- (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.
- (b) The order matters as collected under (all above may be shared / disclosed).
 - (ii) to all insurers and/or any other third parties that assist in evaluating, investigating, someoling or managing flaud, regulation, law enforcement and government agencies as reasonably required for the purposes stated, or

1230 H/1/1/1458

Sketch Plan #2























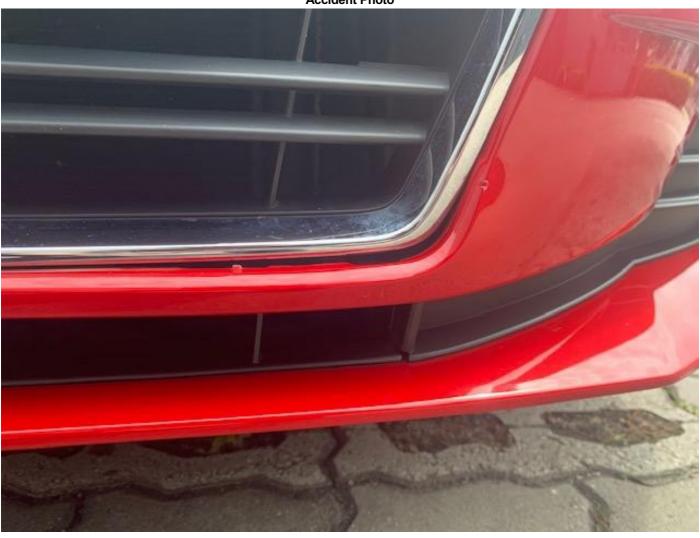
















Addendum Sheet



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: \$665500206 / 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.

		ADDEN	DOM
A)	PARTICULARS OF PE	RSON MAKING THE AMENDMEN	NTS:
	Original Report No	MPA 12000 4418	Vehicle Registration No:SJL 3444 3
			NRIC/FIN/Passport No : \$71271778
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please delete as	appropriate
	Address	: 698 Jalan Lim Ta s	Singapore(260276
	Contact (Tel)	:	Mobile No. : 43567-14
	Email Address	Nicessoo @ book 1 com	
			Time of Accident : 17 25
			42
	Insurance Company	. <u>8.10</u>	
	To convert to	reporting and	
	Policyholder / Driver		Reporting Centre Personnel's Signature Name: Lim the Stery

Page 24 of 24