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	03/02/2020 14:13
Date Of Accident	01/02/2020 17:50
Exact Location Of Accident	CROSS JUNCTION TRAFFIC LIGHT KAMPONG JAVA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9512Z
Insured/Policyholder	
Name Of Registered Owner	TAN HWEE LIM (CHEN HUILIN)
NRIC No	SXXXX697E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90489970
Alternative Phone No	OFFICE-90489970
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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	1900164915
Cover Note Number	
Driver	
Name of Driver	TAN CHONG LIM (CHEN CHONGLIN)
NRIC No	SXXXX697E
Date Of Birth	08/11/1974
Occupation	INDOOR
Date Of Driving Pass	22/08/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96422158
Fax Number	
Contact Number	OFFICE-96422158
EMail Address	ISAACTAN8@GMAIL.COM

Address	29 EAST COAST TERRACE
Postcode	458940
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	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
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

I STOPPED AT A TRAFFIC LIGHT. THE TRAFFIC LIGHT WAS RED. SUDDENLY , I FELT AN IMPACT FROM BEHIND. A CAR, MAZDA3, SLJ 4929 A, HIT MY CAR REAR. I WENT OUT TO INSPECT THE DAMAGE. SEE ATTACHED VIDEO FOOTAGE FOR EVIDENCE AND DETAILS.

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	SLJ4929A
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZZYANTI BINTE AZIZ JAAFA
NRIC/Passport Number	SXXXX386E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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

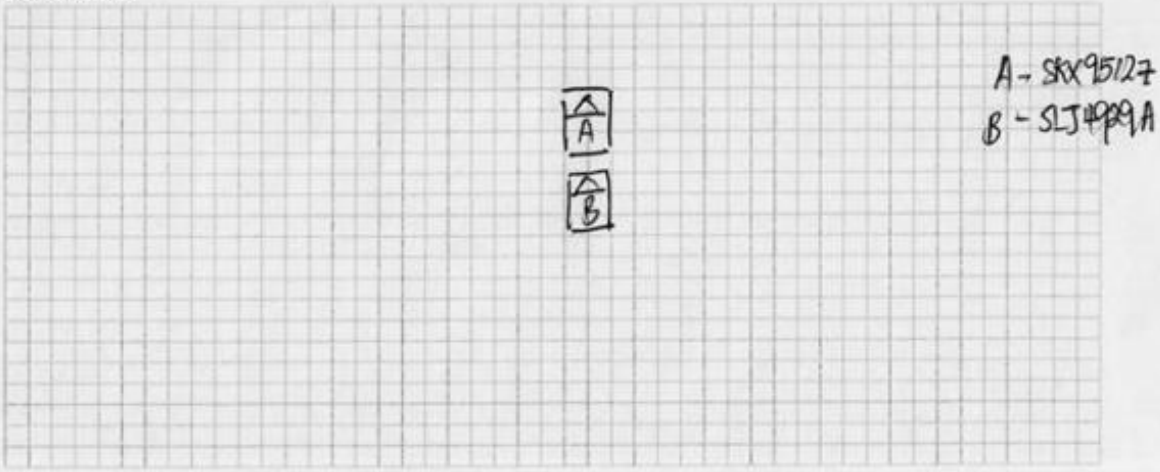
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 03 Feb 2020 8:30 am	Reporting Centre Personnel's Signature Name: Wong Keteak SENG, George NRIC/FIN No.: G2987141X

PREMIUM AUTOMOBILES PTE LTD

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped at a traffic light. The traffic light was red.
Suddenly, I felt an impact from behind.
A car, Mazada 3, SLJ 4929A, hit my car rear.
I went out to inspect the damage.

See attached video footage for evidence and details.

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:
03 Feb 2020
8:35 am

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.: G2987149X

PREMIUM AUTOMOBILES PTE LTD

Accident Photo

Accident Photo

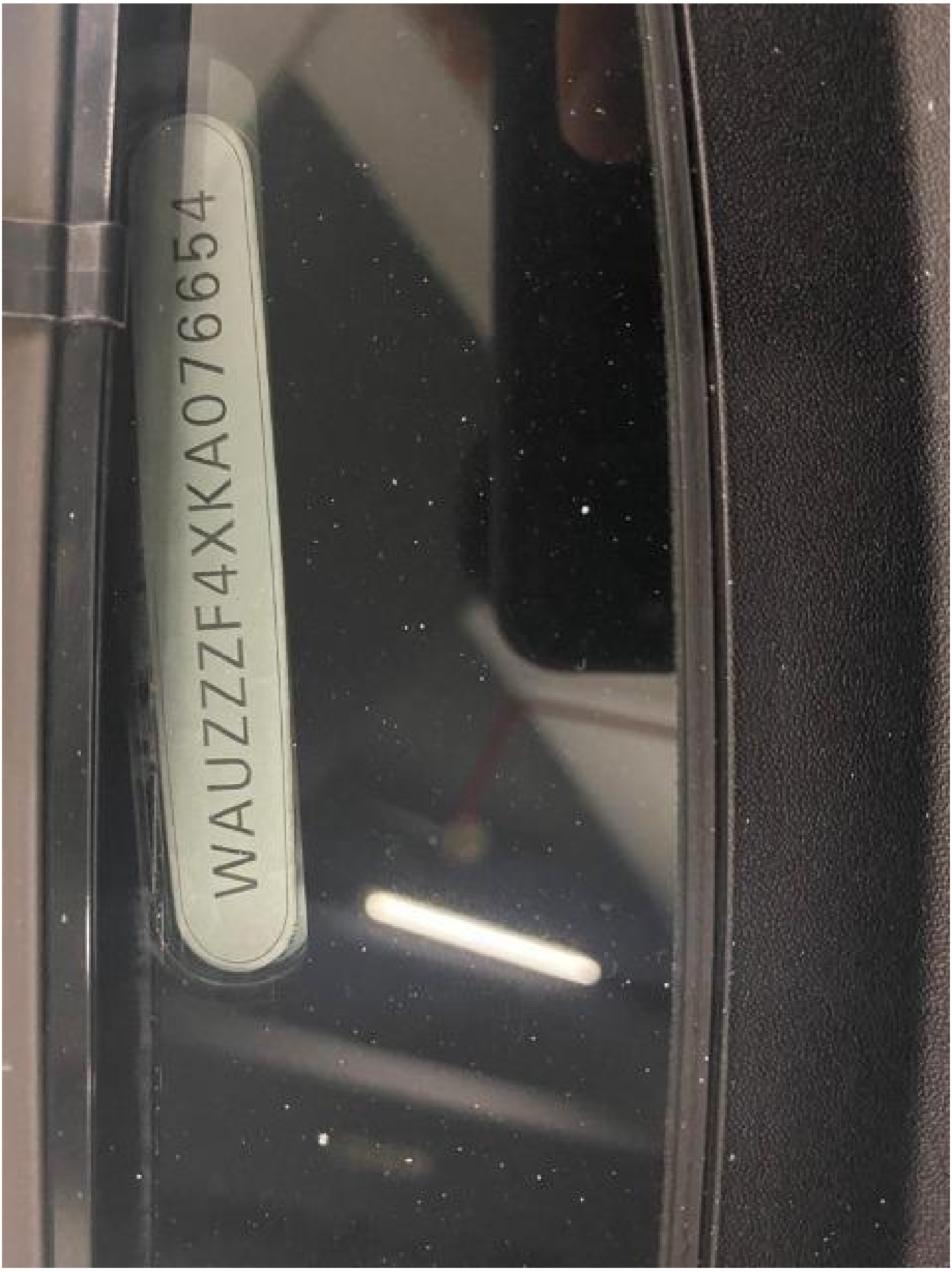
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



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: S66SS0020G / 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 : MFA 12001498 Vehicle Registration No: SKK 9512 Z

Name(as shown in NRIC) : Tan Hwee Lim (Chen Huilin) NRIC/FIN/Passport No : S7805697E

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

Address : 29 East Coast Terrace Singapore(458940)

Contact (Tel) : Mobile No. : 9048 9970

Email Address : NO Email

Date of Accident : 1/2/2020 Time of Accident : 17:50

Place of Accident : Cross junction traffic light kampong Java

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:

convert to own policy claim

Policyholder / Driver's Signature
Date: 25/02/2020

Reporting Centre Personnel's Signature
Name: Syafiq
NRIC/FIN No.: S9420636H
Date: 25/2/20

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION

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: 56555030Z / GST Reg. No.: M40001779S

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 : MPA2001/4958 -01 Vehicle Registration No: SKX9512Z

Name(as shown in NRIC) : Tan Hwee Lim NRIC/FIN/Passport No : SXXXX697E

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

Address : 29 East Coast Terrace Singapore(468940)

Contact (Tel) : Mobile No.: 96477155

Email Address : isaactm8@gmail.com

Date of Accident : 1/02/2020 Time of Accident : 17:50 hrs

Place of Accident : Cross Junction Traffic Light Kampong Java

Insurance Company : AIG Asia Pacific Insurance Pte Ltd.

(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:

Consent To Reporting Only.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lim Ee Seng
NRIC/FIN No.: GXXXX589M
Date: 23/0/2020