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

ACCIDENT STATEMENT
28/02/2020 16:20
27/02/2020 13:45
MULTI STOREY CARPARK AT 282 TOH GUAN RD S(600282)
SINGAPORE
DETAILS OF OWN VEHICLE
SLA8988A
YAP YONG THI
SXXXX242C
KRISNG2004@YAHOO.COM.SG
(LOCAL) +65-90020412
OFFICE-90020412
AUDI
A5 SB 2.0 TFSI
PRIVATE USE
YES

PRIVATE CAR Vehicle Category

Insurance Company

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 1900119434

Cover Note Number

Driver

Name of Driver NG NI NI NRIC No SXXXX898G Date Of Birth 31/07/1982 Occupation **INDOOR Date Of Driving Pass** 15/03/2008

Driving Experience 11 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90020412

Fax Number

OFFICE-90020412 Contact Number

EMail Address KRISNG2004@YAHOO.COM.SG Address 189 TAI KENG GARDEN

Postcode 534365

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - COUSIN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

THE SD CARD OF CAMERA HAS BEEN TAKEN BY POLICE

Was there any audio recorded?

NO

Sketch Plan

SKETCH PLAN

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- 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:
 - 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.

Policyholdens Senature
Date & Time: 28 (02 (2020

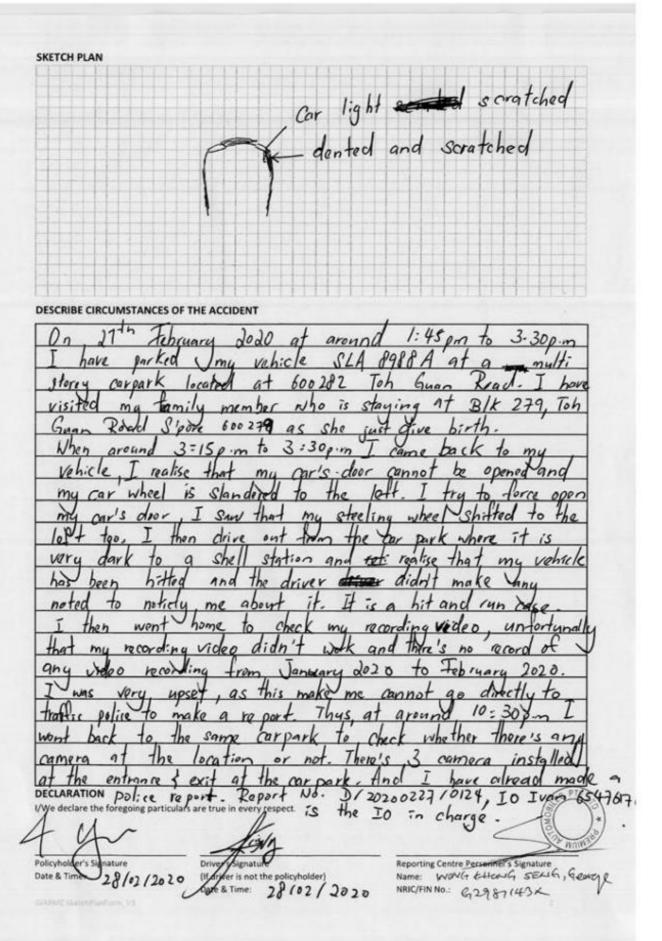
Driver's Signature (If driver is not the policyholder)

Date & Time: 28/02 /2020

Name: WWG ELFOLIG SEAR GOD

NRIC/FIN No.: GOARTI43X

SARAC SLIGHT ANTON, VI





SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 0/00000007 01	24	_	
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on 98 · 61 · 9030		SCHOOL MICHAEL MARKET	
on <u>Q8 - 61 - Q030</u> (Date)	- #	(Time)	
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Witnessed by / * Handed over by:		Received by:	
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10		<u>i</u>	
(Signature)	-	Societum	8.
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(Name, NRIC or Passport No. / Plank and No.	4	(Name, Contact No. / NRIC or Passport No. / Rank and	d No.
26.72.0			
Other Remarks:			-
			17.
	- 25-31-		
NP 323 (2/16)			

CASE CARD GIVEN BY TRAFFIC POLICE

			TRAFFIC INVESTIGATION BRANCH TRAFFIC FOLICE 14 URL AVENUES SINGAPORE 48885 Fac: 6545449
			REPORT NO. D 20200224/0124
		1	THE MARCHEN TOSCP 282 TON BURN 2040 Entrepresent CAR & COLEROSON VENICLE
			= 28/02/020 sides
		A1	With reference to the above, you are advised to helps an occasion report united via the SSF Discussion Police Course authoris (http://www.police.gov.sp/spc) within 18 boxes.
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			You are required to be present at Traffic Tollies on
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