Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/05/2020 17:01

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

7. By the loagement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	08/05/2020 17:50	
Date Of Accident	04/04/2020 08:20	
Exact Location Of Accident	30 LENGKANG TIGA	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDR3030B	
Insured/Policyholder		
Name Of Registered Owner	GUAN HO CONSTRUCTION CO (PTE) LTD	
Co Reg No	197200048w	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	Office-67423885	
Vehicle Particulars		
Manufacturer	PORSCHE	
Model	PANAMERA PDK 3.0	
Exact Purpose for which vehicle was being used at time of accident		
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	1900117939	
Cover Note Number		
Driver		
Name of Driver	HO SEOW BAN	
NRIC No	S1190938H	
Date Of Birth	20/08/1956	

INDOOR

25/09/1976

43 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96610093

Fax Number

Contact Number

EMail Address HOSEOWBAN@GMAIL.COM

Address 30 LENGKANG TIGA

Postcode 417439 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 - MAJOR/MINOR RD

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST

2

NO

NO

NO

1

ROAD: BLK 112 LENGKONG TIGA #01-215, POSTCODE: 410112, COUNTRY: **Police Station Address**

SINGAPORE

Police Station Contact TEL NO: 1800-7489999 - FAX NO: 67454676

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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

Vehicle Make/Model/Colour

Details Of Properties

SKL9192B

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

ETCH PLAN	Longlong Tiga	
	SKL9192B A golc.	Vehicle A-SDR 303 B-SKL 919 Legend Vehicle Motorcycle
SCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	Vehicle Motorcycle
and peck atop a	ing ant of my home of he next cloor contracts on the main read, which sport is outlined to portion	is love
We declare the foregoing particulars ease be advised that your insurer may have a om the day of occurrence. Kindly check your Guan 316 (St. A. Changi Road, olicyholder a fighaphore 419843 ate & Times 6742 3885 (Linea)	fourteen (14) days clause whereby the claim against own polic policy for more details.	ry must be made within the stipulated timeframe

SKETCH PLAN

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.
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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 aforesald.
- 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.

Policyholder sagna 1942 4066

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







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ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>Ho Seow Ban, NRIC: S1190938H</u>, <u>Tel: 96610093</u> has reported to the Police a non-injury traffic accident which occurred <u>in front of 30 Lengkong Tiga</u> on <u>04/04/2020</u> at <u>08:20 a.m.</u> involving the following vehicles:-

- i) SDR 3030 B (Complainant vehicle)
- ii) Unknown plate number (Mercedez, White)
- 2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSS T130275 Hafiz

Date: 04/04/2020 Time: 1405 hrs

Station Diary ref: 03

Police Post/Unit: Kg Kembangan NPP

Slock 112 tengkong Tiga 401-215 Singapore 410112 Tel: 1800-7489999

kg Kembungan NPP

Original -Duplicate - to be issued to informant to be submitted to Traffic Police

CONFIDENTIAL

version as of 15 Sep 2000











Accident Photo

