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	23/05/2020 13:23
Date Of Accident	22/05/2020 18:30
Exact Location Of Accident	BUKIT PANJANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT2880D
Insured/Policyholder	
Name Of Registered Owner	GOH BOON KIAT, LENNARD (WU WENJIE)
NRIC No	SXXXX710D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84995018
Alternative Phone No	OFFICE-84995018
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO 1.6(A) EX
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	THIRD PARTY
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	2070065270
Cover Note Number	
Driver	
Name of Driver	GOH BOON KIAT, LENNARD (WU WENJIE)
NRIC No	SXXXX710D

NRIC No SXXXX710D
Date Of Birth 26/09/1992
Occupation OUTDOOR
Date Of Driving Pass 04/02/2015

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84995018

Fax Number

Contact Number OFFICE-84995018

EMail Address NOEMAIL

Address BLK 755 CHOA CHU KANG NORTH 5

#11-101

Postcode 680755

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 Registration Number of Briver's CWIT

_

Insurance Company of Driver's Own Vehicle

_

3

NO

2

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

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? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

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

soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : KRISTINE KOH

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200522/7016.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ8597A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD FAZIL BIN ABDUL RAHMAN

NO

NRIC/Passport Number

Contact Number 91805845

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SLL250P

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

GOH BOON KIAT, LENNARD (WU WENJIE) Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SMT2880D

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name KRISTINE KOH

Approximate Age

Injuries Sustain **BODY** SMT2880D Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YES NO

Accident Sketch Plan

SKETCH PLAN

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- By The lodgment of this report to the injurers, you hereby consent to the archiving of this report at the centre and to copies of
- Consent under the Personal Data Protection Act (POPA)

l understand, acknowledge, agree and consent that:

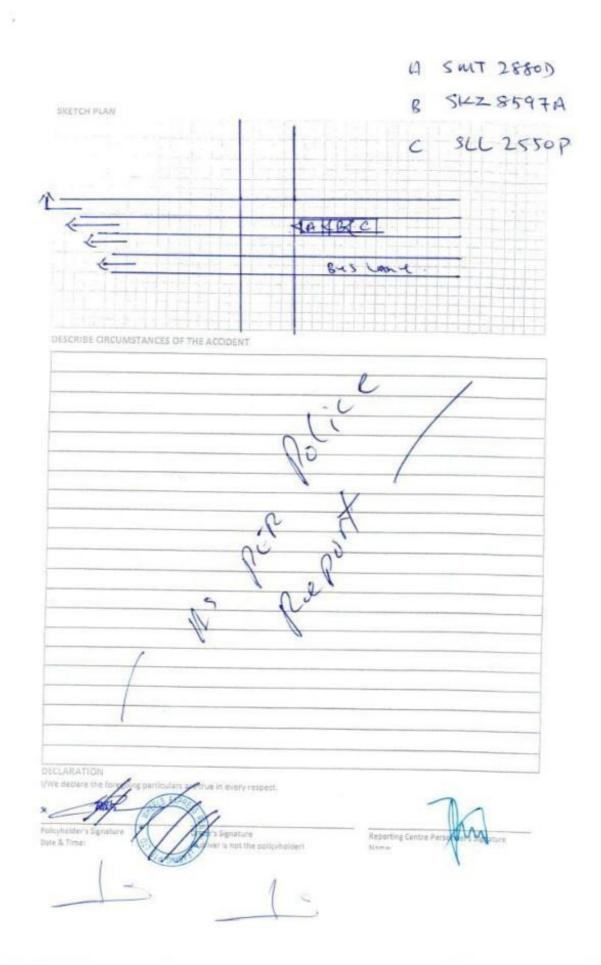
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, was disclose and/or process my personal data/personal information set out in this (form) and any other personal information per out in this (form) and any other personal information 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 (sill insurer(s) who have insured verticle(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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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 making of currespondence, statements, involces, 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 go the external cover of envelopes/mail packages), and/or
 - [v] complying with applicable law in administering, processing, haridling and/or dealing with my claims (collectively the
- (h) 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
- 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 complie claims history for the purpose of freed detection.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all incurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraum. regulators, law enforcement and government agencias as reasonably required for the purposes stated, or

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

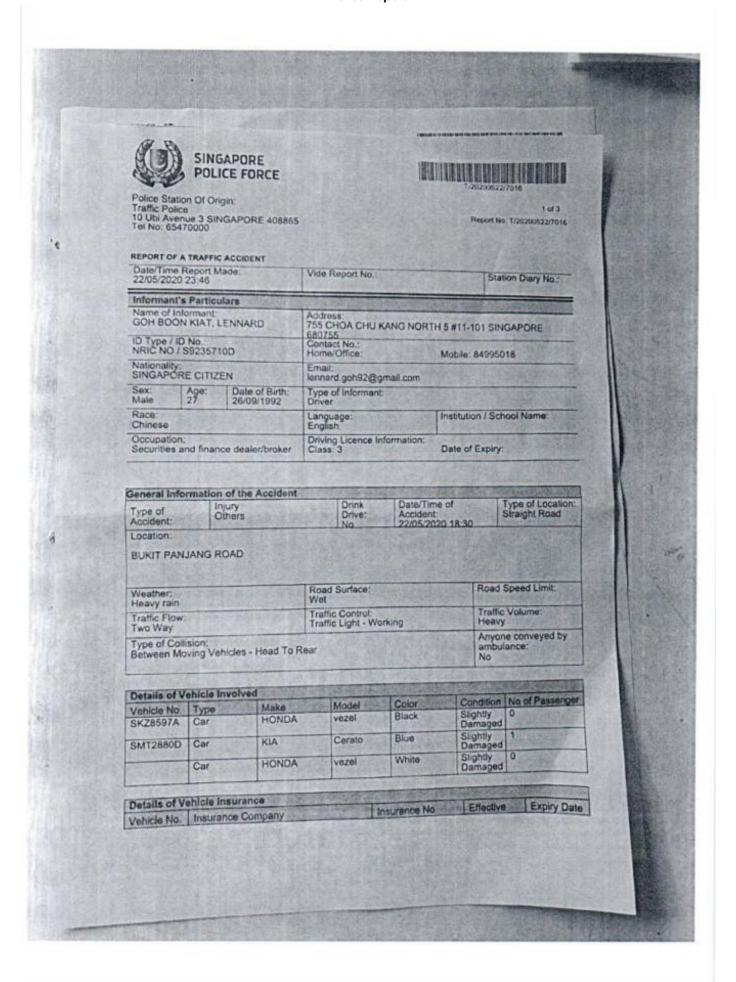
er's Signature If driver is not the policyholder) Date & Time:

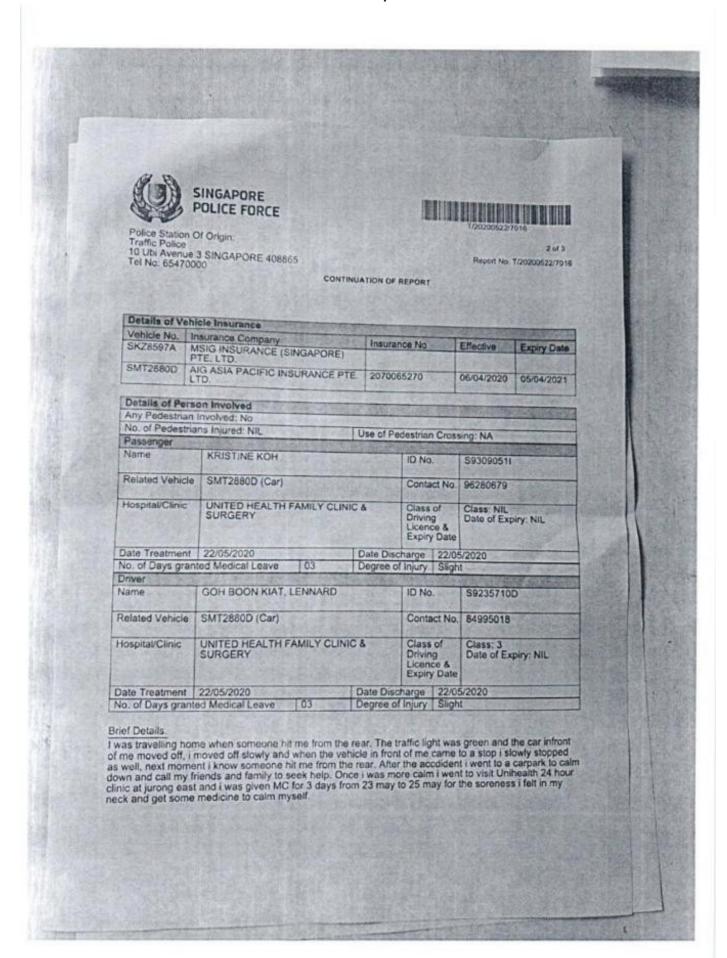
Reporting Centre Perso Name NRIC/FIN No.:

Accident Sketch Plan

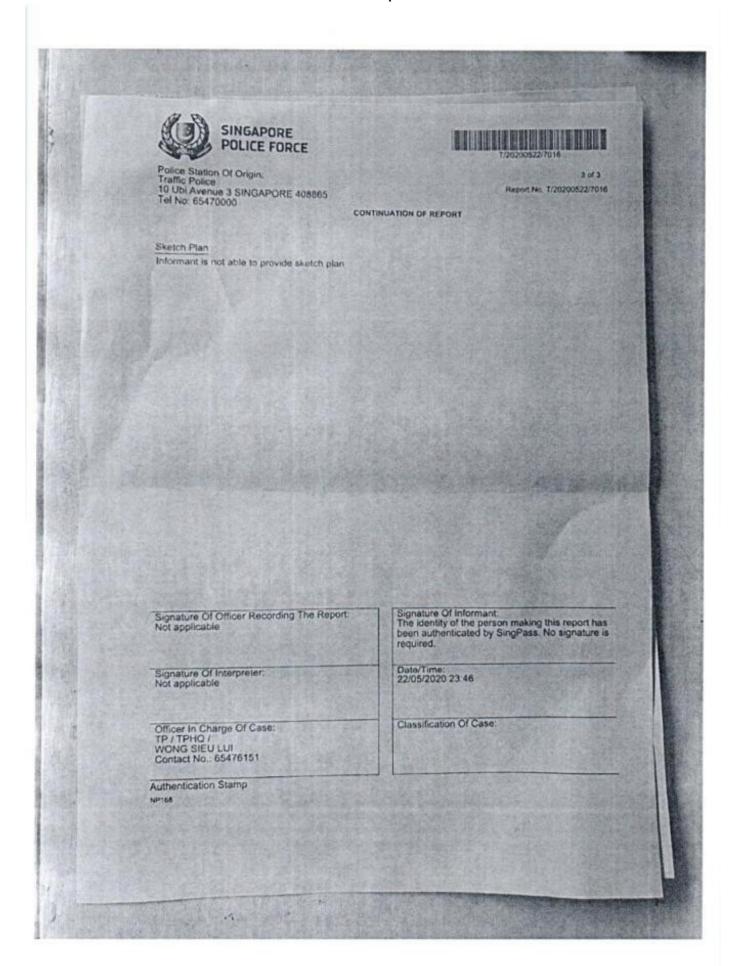


Police Report

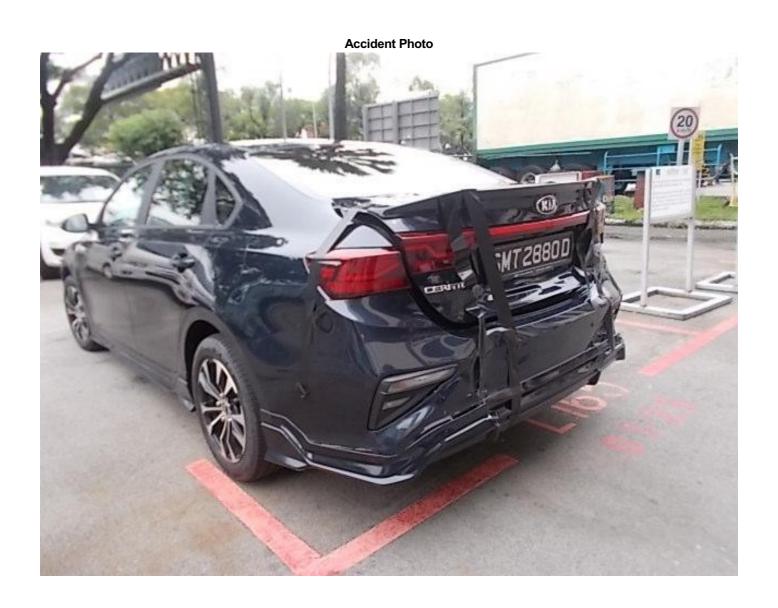




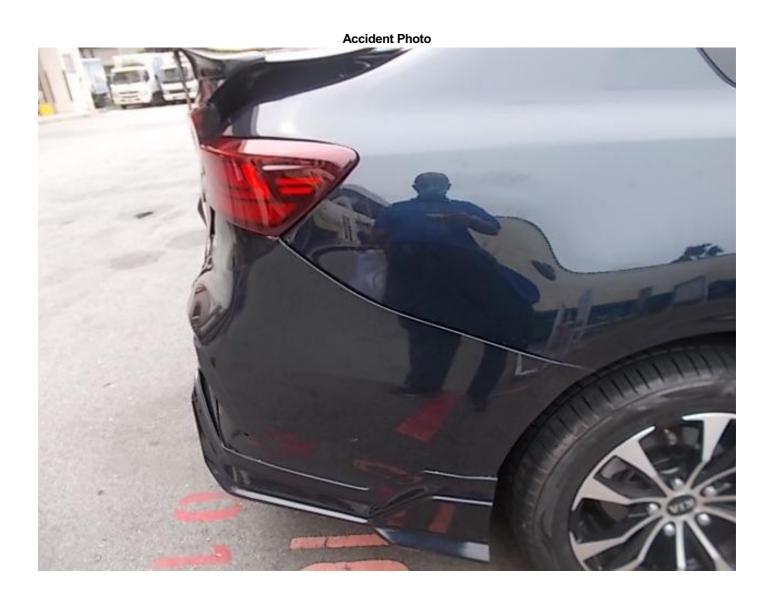
Police Report































Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 #affles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550200 / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}}: \ \ \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \ \ \text{Authorised Reporting Centre}$ with whom you submitted the Original Report.

		Α	ADDENDU	И				
A) PA	RTICULARSOFP	ERSONMAKINGTHEAM	ENDMENTS:					
Ori	iginal Report No	: MHA 126047 660	0	Vehicle Registratio	n No: _	SMT 2880D		
Nan	Name(as shownin NRIC): Goh Boon kigt le		NRIC/FIN/Passport No :			S9235710D		
	/ehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
Add	Address : Bik 755 CCk North 5 # (1-10) Singapo							
Cor	ntact (Tel)	:646552K5		_Mobile No.: 84995		018		
Ema	ail Address	Lennard. Goh 92 @gmail. am						
Dat	te of Accident	:_ 22 /05/2020		ime of Accident :	6	:30pm		
Plac	ce of Accident	: Bukit Panjang	Road					
Insu	urance Company	AIG						
_								
_								
_								
Police	yholder / Driver's	s Signature		E-market Control	+	W. C.		
Date:		- Signature		Reporting Centre Name: NRIC/FINNo.: Date:	rersoni	nei s Signature		

BUDGE allemberform, V.