MCCC20004840-01 / Cham's Customcraft - HO ENTRY DATE & TIME: 11/01/2020 12:35 SUBMITTED BY: Sharon Lee Chia Ling

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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.

Any talse 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 ladgement 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.

ACCIDENT STATEMENT

Date Of Report

11/01/2020 12:35

Date Of Accident

10/01/2020 19:30

Exact Location Of Accident

BLK 121 TOA PAYOH LOR 2 MSCP

SINGAPORE

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKC7425R

Insured/Policyholder

Name Of Registered Owner 2XXXXX403Z Co Reg No

Email Address

VALHOUSE@SINGNET.COM.SG

VALENCIA DESIGN PTE LTD

Mobile Phone No

(LOCAL) +65-97391292

Alternative Phone No

OFFICE-63457897

Vehicle Particulars

Manufacturer

AUDI

Model

A6 2.8 FSI MU

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE

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

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA063424/1

Cover Note Number

Driver

Name of Driver

PANG KIM CHING

NRIC No

SXXXX441C

Date Of Birth

25/11/1971

Occupation

INDOOR

Date Of Driving Pass

01/04/2004

Driving Experience

15 YEARS AND 9 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-97391292

Fax Number

Contact Number EMail Address

KIMCHING_PANG@YAHOO.COM.SG

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#421 P.002/005 10/02/2020 12:58 To: Leng Wang Motor From:

Address

BLK 121 TOA PAYOH LORONG 2 #21-30

Postcode

310121

CLEAR

NO

2

YES

NO

0

NO

NO

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO.

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

SGF766J

LEE CHENG GUAN CHRISTIAN

NRIC/Passport Number

SXXXX436H 96808885

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO. SKCTUSE ACCIDENT DATE: 13/1/20

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- 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. 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
- 7. By the ladgment 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)

Lunderstand, 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)
 - (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
- (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
- 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.
- 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

VALENCIA DESIGN PTF 170

35 Tannery Road #05-05 Ruby Industrial Co Singapore 347740

Driver's Signature

Policyholder's Signature Fax: 6345 1209

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

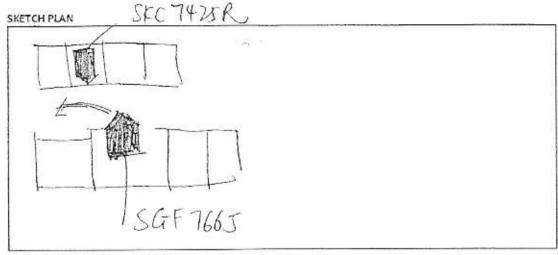
CHARN'S

Reporting Centre Pers

2000

SMRAK SHOWN INFO 12VS

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT etter on the glass screen a car SGF 766T 400 Scratched the. Into tu When reversing Guan Menos 8.51 au on 96908885 to meet up at ramparts aleveed 8000 39202 Valencia AM WOVELLE WWK DUMPOSE Venicle time of OWN WORKSHOPL OWN DAMAGE () 3RD PARTY CLAIM (h. REPORTING ONLY (DECLARATION I/We declare the foregoing particulars are true in every respect. VALENCIA DESIGN PTE LTA 25 Darlary Fload PEG-05 Ruby Induction Compute PolicyhoddeC457g0atulne: 6345 1202 CHARN'S QUETONCRAT -> <--Reporting Centre Personnel Signature Driver's Signature (if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: Date & Time: 11/1/2020 11/1/2020