

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 withholding 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 05/06/2020 11:06
Date Of Accident 05/06/2020 07:15
Exact Location Of Accident BISHAN ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS4004E

Insured/Policyholder

Name Of Registered Owner WEE AIK KOON (HUANG YIKUN)
NRIC No SXXXX472Z
Email Address NOOK36@SINGNET.COM.SG
Mobile Phone No (LOCAL) +65-96224170
Alternative Phone No OTHERS-96224170

Vehicle Particulars

Manufacturer KIA
Model RIO 1.4

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 THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 2100008795-13
Cover Note Number

Driver

Name of Driver CHEONG KWAI CHEE
NRIC No SXXXX050J
Date Of Birth 10/10/1975
Occupation INDOOR
Date Of Driving Pass 15/02/2011
Driving Experience 9 YEARS AND 3 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97720178
Fax Number
Contact Number
EMail Address CINDYKCH@YMAIL.COM

dress

BLK 318A ANG MO KIO STREET 31
#21-311 SINGAPORE

562316

Postcode

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

Weather Conditions

Road Surface

COLLISION - HEAD TO REAR

AFTER RAIN

WET

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) 3

Passenger 1

NAME: : WEE ZHAO WEI LUKE

GENDER: : MALE

Passenger 2

NAME: : WEE HENG WEI MARK

GENDER: : MALE

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

REFER TO SKETCH PLAN.

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

SGP240G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SECK MUN CHOONG SAMUEL

NRIC/Passport Number

SXXXX407C

Contact Number

Address

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

- 5 JUN 2020


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

Date & Time:

- 5 JUN 2020


Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Jenny Lim

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bishop Rd towards Ton Pongah direction on 1/6/70 @ 7:10am. The car in front of me suddenly broke as I had the distance between in front of me, I managed to stop the car in time. However the car behind me did not stop in time and banged into my rear end.

DECLARATION

(I/We declare the foregoing statements are true to best of my/our knowledge)


 Name of Driver 1: [Signature]
 Date & Time: 1/6/70 @ 7:10am


 Name of Driver 2: [Signature]
 Date & Time: 1/6/70 @ 7:10am


 Name of Witness: [Signature]
 Date & Time: 1/6/70 @ 7:10am