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 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.
- nort to the inont to the ort at the

| 7. By the lodgement of this report to the insurers, you hereby conseaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available | | | | | |
|--|--|--|--|--|--|--|
| | ACCIDENT STATEMENT | | | | | |
| Date Of Report | 22/06/2020 09:38 | | | | | |
| Date Of Accident | 21/06/2020 11:30 | | | | | |
| Exact Location Of Accident | ORCHARD TURN | | | | | |
| Country/State of Loss | SINGAPORE | | | | | |
| DETAILS OF OWN VEHICLE | | | | | | |
| Vehicle Registration Number | SKF5405X | | | | | |
| Insured/Policyholder | | | | | | |
| Name Of Registered Owner | LAU CHIN HOCK KENNETH RAPHAEL | | | | | |
| NRIC No | S1715438I | | | | | |
| Email Address | SHOPTHIS@GMAIL.COM | | | | | |
| Mobile Phone No | (LOCAL) +65-96810156 | | | | | |
| Alternative Phone No | Office-96810156 | | | | | |
| Vehicle Particulars | | | | | | |
| Manufacturer | AUDI | | | | | |
| Model | Q5 2.0 TFSI QU | | | | | |
| 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 | 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 | 1900110637 | | | | | |
| Cover Note Number | | | | | | |
| Driver | | | | | | |
| Name of Driver | LAU CHIN HOCK KENNETH RAPHAEL | | | | | |
| NRIC No | S1715438I | | | | | |
| Date Of Birth | 24/10/1965 | | | | | |

INDOOR

06/02/1988

32 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96810156

Fax Number

Contact Number OFFICE-96810156

EMail Address SHOPTHIS@GMAIL.COM Address 1 CHEOW KENG ROAD

Postcode 429450 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 - HEAD TO REAR**

Weather Conditions RAINING WET Road Surface

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Name:

2

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)

Passenger 1

Gender: : Male

: SONG BENG LEE

Passenger 2 Name: : JASON LEOW

> 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

AT AROUND 1130HRS, I WAS IN STOP-START TRAFFIC OUTSIDE NGEE ANN CITY ATTEMPTING TO ENTER THE CAR PARK. AT LOCATION 1 CAR B STOPPED SUDDENLY AND CAR A HIT ITS REAR. IT WAS RAINING AND CAR B INDICATED THAT HE WANTED US TO DRIVE INTO NGEE ANN CITY. AT LOCATION 2, WE EXCHANGED PARTICULARS. THE DRIVER OF CAR B INDICATED THAT HIS PASSENGER SUFFERED NECK AND FOOT INJURIES. HIS PASSENGER DID NOT APPEAR INJURED AND WALKED AWAY NORMALLY. I HAVE SEN PHOTO AND SMARTPHONE VIDEO EVIDENCE TO THE REPORTING CENTRE PERSONNEL.

Attachment(s)

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

Details of Witness 1

Name Phone Number Email Address JASON LEOW 81017421

JASONSLLEOW@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMP1904Y

Vehicle Make/Model/Colour TOYOTA BEIGE ISIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GAY LAM KHIANG

NRIC/Passport Number S1273015B

Contact Number

Address 23B QUEEN'S CLOSE

#02-163

Postcode 141023

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)
 - 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's Signature

Date & Time: 22/6/2020

0900 415

Venin

Driver's Signature

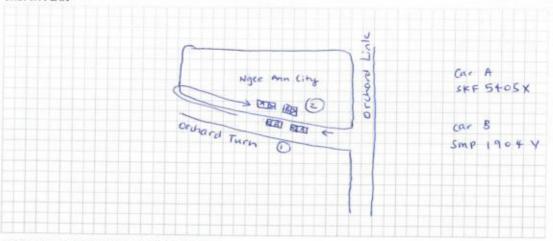
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 1 | At around 1130 hrs, I was in step-start traffic |
|---|---|
| | outcide Ngee Ann city attempting to enter the |
| (| car park. At location O car B stopped suddenly |
| 0 | end car A hit its rear. |
| | t was raining and car B indicated that he |
| v | vanted us to drive into ugee Ann city. At |
| 1 | ocation (1), we exchanged particulars. |
| T | he driver of car Bindicated that his possenger |
| 4 | subbened neck and foot injuries. His passenger |
| | sid not appear injured and walked away normally |
| | I have sent photo and smartphone video evidence |
| | to the reporting center personnel. |

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Kennin

Policyholder's Signature

Date & Time: 22/6/20 20 0900 415 Driver's Signature (If driver is not the policyholder)

Date & Time:

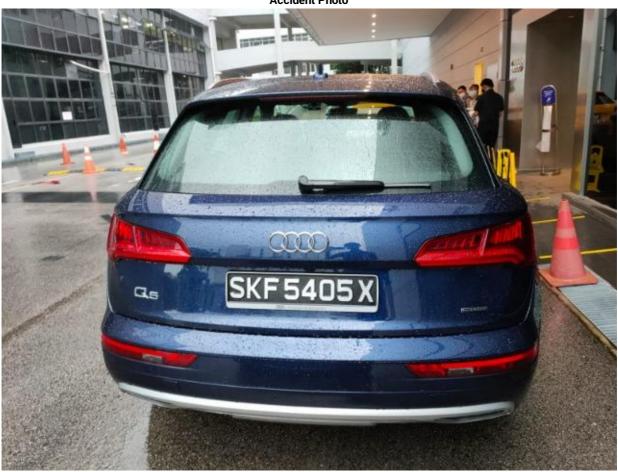
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



























Police Report





POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 728892 Tel No. 1800-3910000

Report No. E/20200622/7009

| Date/Time Report Made 22/06/2020 10:27 | Vide Report No | | Station Diary No. | |
|--|---|-----------|-----------------------------|-----------------|
| Name Of Informant LAU CHIN HOCK KENNETH RAPHAEL | Address 1 CHEOW KENG ROAD SINGAPORE 429450 | | | |
| ID Type / ID No. NRIC NO / \$1715438I | Contact No. Home/Office | | Mobile: 96810156 | |
| Nationality SINGAPORE CITIZEN | Email Address shoothis@gmail.com | | | |
| Occupation Managing director/Chief executive officer | Sex | Age 54 | Date of Birth 24/10/1965 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 21/06/2020 11:30 - 21/06/2020 11:35 | Location Of Incident Orchard Turn, heading towards the entrance of Ngee And City. | | | |

Brief details.

I was driving SKF5405X along Orchard Turn in light rain heading towards the entrance of Ngee Ann City in start-stop traffic. I collided with SMP1604Y, a beign Toyota Isis, when it stopped suddenly

The driver, Mr. Gay Lam Khiang (NRIC S1273016B) motioned to me to continue driving into Ngee Ann City and we did so, stopping on the right side of the driveway at Ngee Ann City where we exchanged particulars. Mr. Gay's had a passenger seated in the rear of the car, a male Chinese aged about 30 years. Mr. Gay said that his pessenger told him that the passenger had suffered neck and leg injuries.

| Signature Of Officer Recording The Report. | Signature Of Informant. The identity of the person making this | | |
|--|---|--|--|
| Not applicable | report has been authenticated by SingPass. No signature is required. | | |
| Signature Of Interpreter Not applicable | Date/Time: 22/06/2020 10:27 | | |
| Officer In-Charge Of Case: | Classification Of Case: | | |
| | | | |

Authentication Stamp

Police Report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200622/7009

The passenger conformed with Mr. Gay, and walked off apparently unburt into Nigee Ann City. I do not have the passenger's particulars.

SMP1904Y did not have a private car hire decal displayed on the rear windshield of the car.

Signature Of Officer Recording The Report

Not applicable

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case:

Signature Of Informant: The Identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 22/08/2020 10:27

Classification Of Case

Authentication Stamp