

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 Submission | 31/08/2020 17:40 (SGT) |
| Date of Accident | 27/03/2020 14:30 (SGT) |
| Exact Location of Accident | 8 Grange Rd, Singapore 239695 |
| Additional Location Information | ORCHARD RD INFRONT OF CINELEISURE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLJ1784U |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | HO SHU MIN(HE SHUMIN) |
| NRIC No | SXXXX933A |
| Email Address | HO_SHUMIN@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-93633048 |
| Alternative Phone No | +65-93633048 |

VEHICLE PARTICULARS

| | |
|--|----------------------|
| Manufacturer | Audi |
| Model | A3 SEDAN 1.0 TFSI 8V |
| Variant | - |
| 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 - Reporting only |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 999 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1800076240-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------------------|
| Name of Driver | HO SHU MIN(HE SHUMIN) |
| NRIC No | SXXXX933A |

| | |
|--|----------------------------|
| Date Of Birth | 18/09/1980 |
| Occupation | Outdoor |
| Date Of Driving Pass | 03/08/2009 |
| Driving experience | 10 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93633048 |
| Alt. Phone Number | +65-93633048 |
| Email Address | HO_SHUMIN@YAHOO.COM.SG |
| Address | 1 YOUNGBERG TERRACE #12-07 |
| Address complement | - |
| Postcode | 357741 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------|
| Name | TAY TONG |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Potong Pasir Neighbourhood Police Post |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING AND SIGNALLED TO CHANGE LANE TO THE RIGHT. TRAFFIC WAS SLOW, BUSY ROAD. THE CAR BEHIND HIT THE SIDE OF MY CAR. I THINK I DIDN'T CHECK MY BLIND SPOT AND DIDN'T NOTICE HIM. LUCKILY NO ONE WAS INJURED. THE CAR THAT HIT ME HAD A SLIGHT DENT AND DRIVER ADVISED HE WAS GOING TO WORKSHOP AND HE WON'T CLAIM AGAINST HIM. WE WERE HOLDING UP TRAFFIC SO AGREED. HOWEVER, MY CAR IS QUITE BADLY DAMAGED. NEED TO GET IT REPAIRED. THIS HAPPENED JUST BEFORE COVID SO I DIDN'T HAVE TIME TO GET THIS LOOKED AT. AFTER COVID, I WAS VERY BUSY WITH WORK(BACKLOGGED) AND THUS RESULTED IN DELAY.

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 | UNKNOWN |
|-----------------------------------|---------|


| | |
|---|-------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLANIMPORTANT NOTICE

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7. 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:

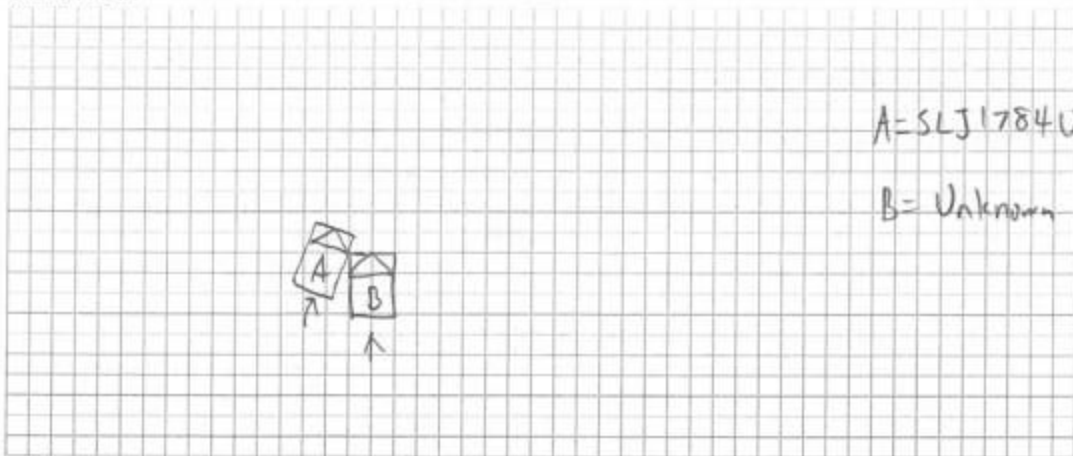
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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: 31 Aug 2020
 4:30 pm


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


 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.: 6204014 TX

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving & signalled to change lane to the right. Traffic was slow, busy road. The car behind hit the side of my car. I think I didn't check my blind spot & didn't notice him.

Luckily no one was injured. The car that hit me had a slight dent & driver advised ~~we should~~ he was going to workshop & he won't claim against me & advised it was my fault & I shouldn't claim against him. We were holding up traffic so agreed. However, my car is quite badly damaged. ~~Need to get it repaired.~~ Need to get it repaired.

This happened just before Covid so I didn't have time to get this looked at. After Covid, I was very busy with work (backlogged) & thus resulted in delay.

DECLARATION

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


Policyholder's Signature
Date & Time: 31 Aug 2020
4.30pm.


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



Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: 6204197X



















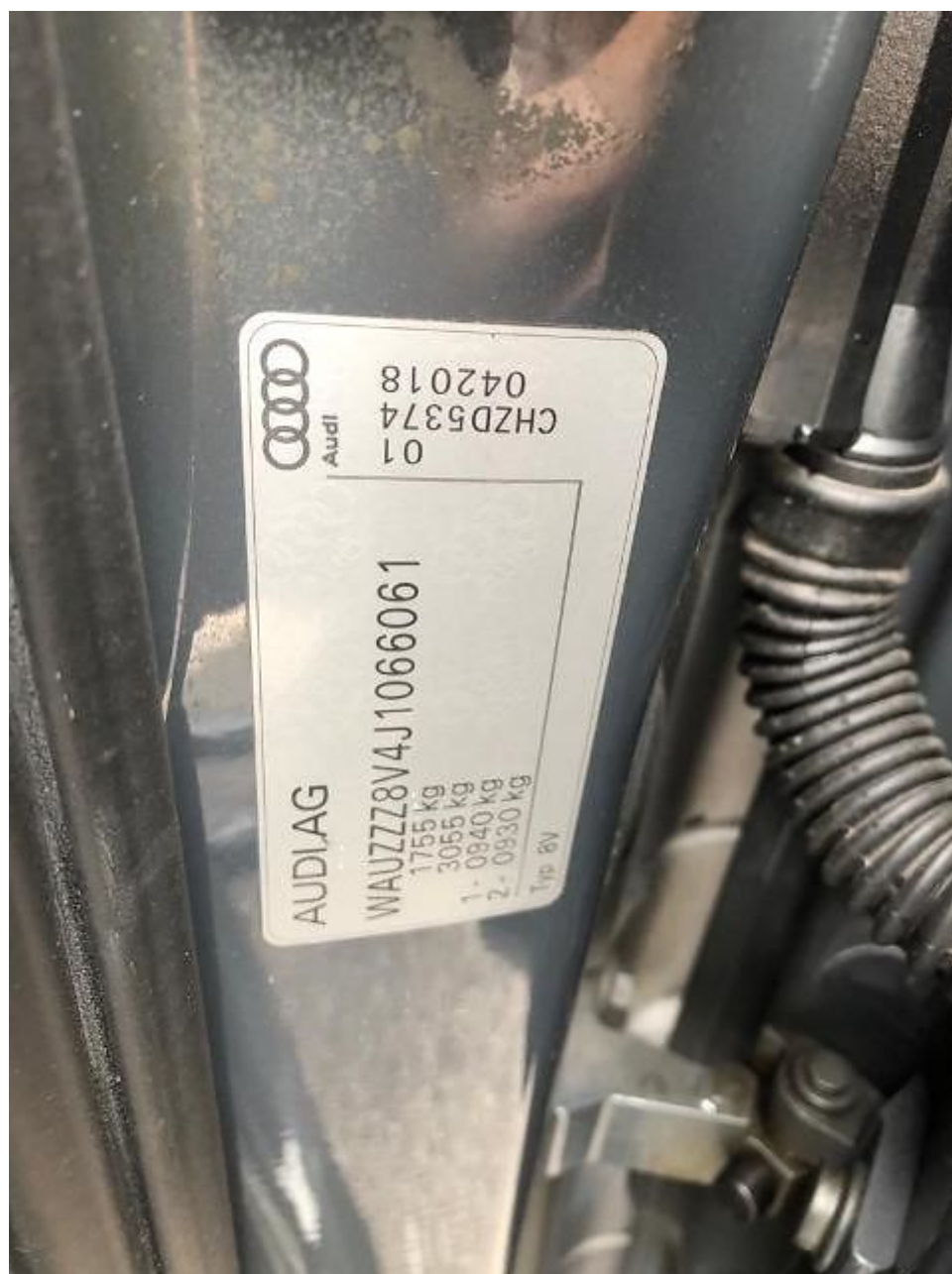


















CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that HO SHU-MIN, NRIC: S8026933A has reported to the Police a non-injury traffic accident which occurred at Junction of Orchard rd and Grange rd on 27/03/2020 at about 1430hrs involving the following vehicles:

- 1) SLJ 1784 U - Complainant (driver) - HO SHU-MIN, NRIC: S8026933A
- 2) UNKNOWN - Defendant - UNKNOWN

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Sulaiman ad-darani



Date: 31/08/2020 Time: 1222hrs

POTONG PASIR NEIGHBOURHOOD POLICE POST
BLK 142, Potong Pasir Ave 3, #01-1231
Singapore 350142
Tel 1800 382 4553

S/D Ref: 05

Police Post/Unit: Potong Pasir NPP

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #13-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UIN: 546550206 / GST Reg. No.: M400037735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA120074959 Vehicle Registration No: SLJ1784U
 Name (as shown in NRIC) : HO SHU MIN NRIC/FIN/Passport No : SXXXX933A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 93633048
 Email Address : HO_SHUMIN@YAHOO.COM.SG
 Date of Accident : 27/03/2020 Time of Accident : 14:30
 Place of Accident : ORCHARD RD IN FRONT OF CINELEISURE
 Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CONVERT REPORT TO REPORTING ONLY

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: