A420077068 / Premium Autocare Centre - Alexandra TRY DATE & TIME: 07/09/2020 13:31 JBMITTED BY: Wong Khong Seng, George

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 witholding of material facts may allow insurance companies to
- 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

07/09/2020 13:31 05/09/2020 16:40

Date Of Accident

Country/State of Loss

Exact Location Of Accident

CARABELLE CONDO CAR PARK ; 57 WEST COAST WAY

SINGAPORE

: DETAILS OF OWN VEHICLE:

Vehicle Registration Number

SLS2307K

Name Of Registered Owner

Insured/Policyholder

CHOO LAN

NRIC No

SXXXX103G

Email Address

BETTY_CHOO@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-96235082

Alternative Phone No

OFFICE-96235082

Vehicle Particulars

Manufacturer

VOLKSWAGEN

Model

GOLF 1.4 TSI

Exact Purpose for which vehicle was being used at PRIVATE USE

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

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

P10242890R00

Cover Note Number

Driver

Name of Driver

CHOO LAN

NRIC No

SXXXX103G

Date Of Birth

22/09/1971

Occupation

Date Of Driving Pass

INDOOR

09/04/1991

Driving Experience

29 YEARS AND 4 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-96235082

Fax Number

Contact Number

OFFICE-96235082

EMail Address

BETTY_CHOO@YAHOO.COM.SG

Address 94 PUNGGOL CENTRAL #02-34 PARC CENTROS

Postcode 82872

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

enicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

NO

0

NO

NO

Weather Conditions CLEAR
Road Surface DRY

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?

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)

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

PLEASE REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT.

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 :

Vehicle Registration Number GBH6014E

Vehicle Make/Model/Colour TOYOTA/LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LAI JIAN HUI / AH GUAN (BOSS)

NRIC/Passport Number GXXXX192X

Contact Number 91200001 / AH GUAN 90011292

Address Postcode

Insurance Company Name GREAT AMERICAN INSURANCE COMPANY

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

- 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 enquines 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

75p2020@ 11:55am.

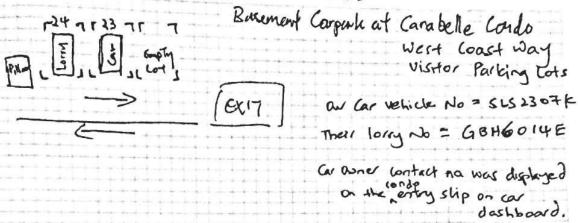
Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: LONG LITERY SELL EBURGE

NRIC/FIN NO. G2947142X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date = 5 Sep 2020 at approx. 1640 hrs	
My which SLS 2307K was parked stationery at car park lot no. 23	
since 1338 hrs on scep. At Approx. 1640 hourstreceived call from	
low drives lai ties His Fig \$6687192 X. His Long is GB #6017E	
under company THI HO Aircon Pte Ut. He said he has knocked into our car	
So we went to the car park to cheek. He explained that while exiting	
the lot no. 24 that he parked, the left side of his lorry hit onto	
the front right side of ow car and was stuck. So he reversed	
forceibly back into the lot. His boss Ah Guan contacted us on his	
centart no. 9001-1292. The boss wants to rettle privately and	
say he will pay for the repair we to ld him our car is under	
waranty and must go back to VW service Center. He says then the	
can report and claim through Inswance. The driver signed a letter	1
admitting he knocked into our car. We are claiming third party	
inswaru.	
prive Lai Jian Hui at handphore #: 9120-0001, work ferry ab=40336	1179
rry passenger Lai Hong Shin at Fin# 685071482	
erry Boss Ah Guan at handphone:#: 9001-1292	
	7
	7
ECLARATION	_
Ne declare the foregoing particulars are true in every respect.	

Policyholder's Signature

788 2020@ 11:55an

Oriver's Signature (If driver is not the policyholder) Date & Time: Name: LOCK KTONE SENS, 6526 ENRICISIN NO. G293143X

A LETTER FROM THE LORRY DRIVER

Name of Driver = Lai Jian Hui

Date = SSEP 2022

Time = 4:42PM. Stationery

Lorryllest knocked into bornet of SLS 2307K

While reversing into corport lot

of Carabelle condo.

Name addign.