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 <u>truthful and accurate</u> 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.
- 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

| aforesaid. | |
|--|---------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 23/10/2020 15:10 |
| Date Of Accident | 22/10/2020 18:45 |
| Exact Location Of Accident | BLK 769 WOODLANDS DR 60 RUBBISH CHUTE |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGT2052Z |
| Insured/Policyholder | |
| Name Of Registered Owner | TEO CHIN CHOON |
| NRIC No | SXXXX174E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92314286 |
| Alternative Phone No | OFFICE-92314286 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH 1.8 CVT |
| 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 | THIRD PARTY |
| 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 | 2100481677-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TEO LU WEN |

 Name of Driver
 TEO LU WEN

 NRIC No
 SXXXX206I

 Date Of Birth
 02/12/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/02/2010

Driving Experience 10 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92314286

Fax Number

Contact Number OFFICE-92314286

EMail Address NOEMAIL

BLK 769 WOODLANDS DRIVE 60 Address

#04-124

Postcode 730769

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

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

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

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20201022/2127.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBJ9064E**

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
- Any false reporting may be referred to the Police as 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
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/ or my claims; ii.
 - Carrying out and/ or dealing with my instructions or responding to any enquiries by me; III.
 - Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - 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 insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
 - 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 lawyer/ 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.
 - 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 purposed stated,
 - For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/ FIN No:

Signature

Accident Sketch Plan

SKETCH PLAN

BIK 769 woodlands Drive 60

Rubbish chate No Porking

Veh A: SGT 2052Z Veh B: G#31054E

| ofer | to police rep | 04 7/202010 22 / 21 27 |
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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not policyholder)

Date & Time:

l's Signature Reporting Centre Perso

Name: NRIC/ FIN No:

Police Report





1 of 3

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20201022/2127

| | | ACCIDENT | T | Ctation Disc, No.: | |
|--|-----------------|--|---|------------------------------|--|
| Date/Time Report Made: 22/10/2020 22:49 | | | Vide Report No.: | Station Diary No.: 182 | |
| Informan | 's Particu | ilars | | | |
| Name of I TEO LU V | nformant: | | Address: APT BLK 769 WOODLANDS 730769 | S DRIVE 60 #04-124 SINGAPORE | |
| ID Type / ID No : NRIC NO / S8848206I | | 061 | Contact No.: Home/Office: | Mobile: 92314286 | |
| Nationalit | y: ORE CITIZ | EN | Email: | | |
| Sex: Age: Date of Birth: Female 31 02/12/1988 | | The second secon | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: CABIN CREW | | | Driving Licence Information: Class: 3A | Date of Expiry: | |

| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 22/10/2020 18:45 | Type of Location Service Road | |
|---|------------|------------------------------------|---|--|--|
| Location: WOODLAND Weather: Clear | S DRIVE 60 | Road Surface: | 1 | Road Speed Limit: | |
| Traffic Flow: Dual Carriage | e Way | Traffic Control: Not Controlled | | Traffic Volume: No Traffic | |
| Type of Collision: STATIONARY VEHICLE - REAR TO REAR | | | | Anyone conveyed by ambulance: No | |

| Details of Vi Vehicle No. | STREET, SQUARE, SQUARE | Make | Model | Color | Condition | No of Passenge |
|------------------------------|--|------|-------|-------|---------------------|----------------|
| GBJ9064E | Lorry | | | | No Damage | 1 |
| SGT2052Z | Car | | | | Slightly Damaged | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report





T/20201022/2127

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

Report No. T/20201022/2127

2 of 3

CONTINUATION OF REPORT

| Driver | A STATE OF THE PARTY OF THE PAR | NOT HAVE | STEEL STATE OF | VALUE DAY | (B) | 000100001 |
|---------------------------------------|--|----------|---|-----------|-----------------------------------|-----------|
| Name | TEO LU WEN | | ID No. | | S8848206I | |
| Related Vehicle | NIL | | Contact No. | | 92314286 | |
| Hospital/Clinic | NIL | | Class Driving Licent Expiry | g ce & | Class: 3A Date of Expiry: NIL | |
| Date Treatment | NIL Date Disc | | | | | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |
| Driver | TENEROLOGICA CONTRACTOR | | Commence of the last | | 15.213 | |
| Name | ROSZALY BIN ABDULLAH | | ID No. | | S1827325Z | |
| Related Vehicle | NIL | | Contact No. | | 88170747 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 1416 | | | harge | | |
| No. of Days granted Medical Leave NIL | | | Degree of | finjury | NIL | |

Brief Details.

On 22/10/2020 at about 1845hrs, while my vehicle (SGT2052Z) was parked stationary infront of Blk 769 Woodlands Drive 60 Rubbish chute, a Lorry (GBJ9064E) which was about to exit the rubbish chute, made a left turn and collided into my vehicle. My vehicle's rear left brake light and bumper were damaged. No Traffic Police and no immediate medical attention were required. However, we exchanged particulars before we left.

Police Report





3 of 3

Report No. T/20201022/2127

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: L / Sgt 2 DEREK CHEE JUAN WEI | Signature Of Informant: |
|---|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 22/10/2020 22:49 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |
| Authentication Stamp | |



Accident Photo



Accident Photo

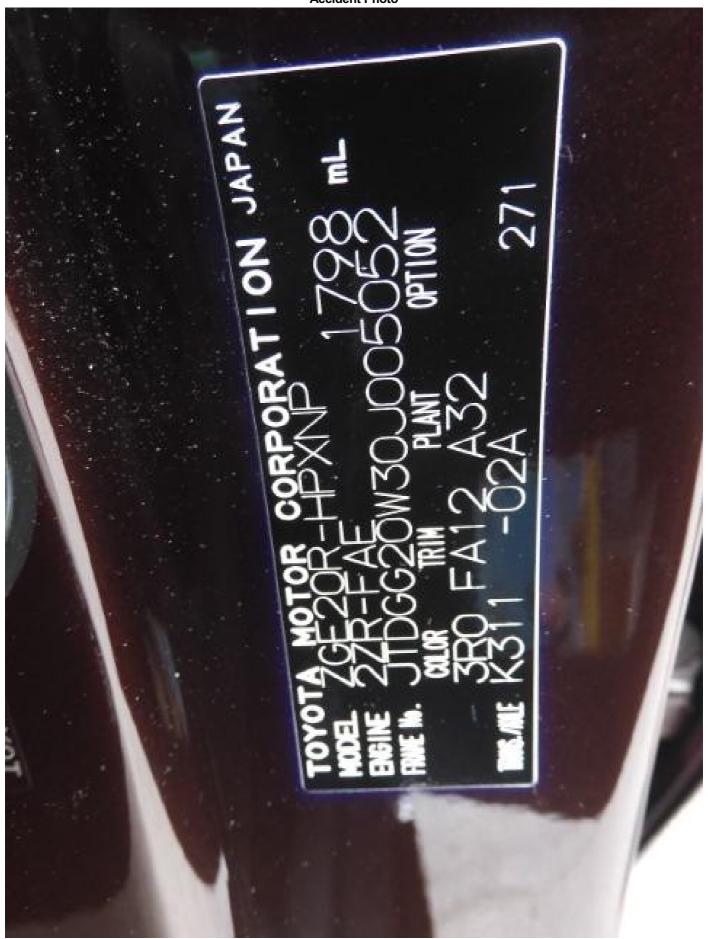












Accident Photo

