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 | 02/11/2020 10:12 |
| Date Of Accident | 31/10/2020 16:55 |
| Exact Location Of Accident | ANG MO KIO AVE 5 OUTSIDE BLK 151 |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU521K |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH ZHI CHENG(GAO ZHICHENG) |
| NRIC No | SXXXX656H |
| Email Address | KZCMARK@SGMAILHUB.COM |
| Mobile Phone No | (LOCAL) +65-88861088 |
| Alternative Phone No | OFFICE-88861088 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A3 SEDAN 1.0 TFSI 8V |
| 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 | 1700077636-03 |
| | |

Driver

Cover Note Number

Name of Driver KOH ZHI CHENG(GAO ZHICHENG)

NRIC No SXXXX656H

Date Of Birth 17/10/1982

Occupation INDOOR

Date Of Driving Pass 26/12/2008

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88861088

Fax Number

Contact Number OFFICE-88861088

EMail Address KZCMARK@SGMAILHUB.COM

Address 530B PASIR RIS DRIVE 1

#03-370

Postcode 512530

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
Road Surface WET

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

THIS ACCIDENT HAPPENED ALONG ANG MO KIO AVE 5 OUTSIDE BLK 151 TOWARDS UPPER THOMSON ROAD. I WAS WAITING AT A TRAFFIC LIGHT JUNCTION TO MAKE A UTURN WHEN THIS VAN REAR-ENDED MY REAR BUMPER. I GOT DOWN TO CHECK MY REAR BUT AS IT WAS RAINING HEAVILY, I COULD NOT QUICKLY JUDGE THE DAMAGE. THE OTHER PARTY INSISTED IT WAS HIS LICENSE PLATE THAT REAR-ENDED MY CAR AND NO VISIBLE CRACKS, SCRATCHES OR DAMAGES WERE SEEN. I FOUND MY REVERSE SENSOR TO BE SLIGHTED OUT OF PLACE AND HE INSIST THERE IS NOTHING. AS IT WAS RAINING HEAVILY, I COULD NOT TAKE A CLEAR PHOTO OF THE ACCIDENT SCENE BUT I HAVE A VIDEO OF HIS VAN REAR ENDING MY REAR. PARTICULARS OF THE OTHER DRIVER COULD NOT BE TAKEN AS WELL.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE3782G

Vehicle Make/Model/Colour HYUNDAI STAREX.WHITE

Details Of Properties

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 by interested parties
- 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
- 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.
- 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:

02 11/20 0900

- (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:

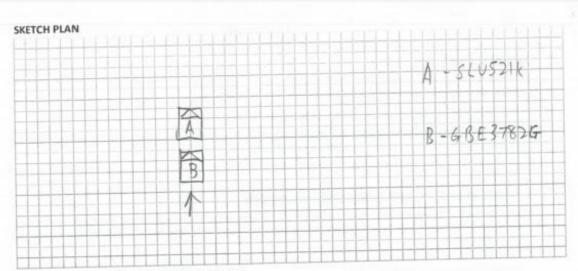
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN NO .: SWAK 94 EE



| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT |
|---|
| This accident happened along Ang Mo Kio Ac 5 outside &K 151 towards |
| that Thomsen head I was waiting at a trettic light junction to |
| more a uturn when this van near-ended my brear bumper |
| I got down to check my seco but as it was taking heavily |
| I ould not quickly judge the danage. The other party insisted |
| it was his license plate that fear-orded my cour and no visible |
| it was his license place than peer action in |
| crecies, gretches or danages use soon. How my terese |
| consur to be dighted out of place and he insist that is nothing. |
| A + + was tolking heavy, I could not take a clear photo of the |
| accident some but I have a video of his van fect-ending my |
| rear particulars it his other drives could not be |
| |
| taken as well. |
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DECLARATION

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

Policyholder's Signature

Date & Time: >|11|20 -00 7045 GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

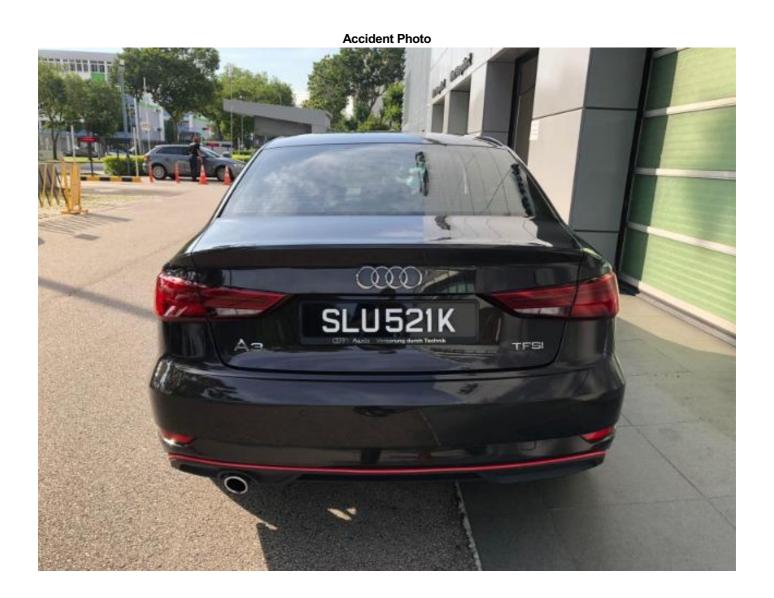
Reporting Centre Personnel's Signature Name: Tory Falay

NRIC/FIN No .: SXXXX 9+8 E





















Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000 1 of 3. Report No. T/20201031/7036

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 31/10/2020 18:55 | | Aade: | Vide Report No.: | Station Diary No.: |
|--|--------------------------|------------------------------|--|----------------------------|
| Informa | nt's Partic | ulars | | |
| THE RESERVE OF THE PARTY OF THE | Informant: I CHENG | | Address: 530B PASIR RIS DR 1 #03-3 | 70 SINGAPORE 512530 |
| ID Type . NRIC NO | / ID No.:) / 882356: | 56H | Contact No.: Home/Office: | Mobile: 88861088 |
| National SINGAP | ty: ORE CITIZ | EN | Email: KZCMARK@SGMAILHUB.C0 | ом |
| Sex: Male | Age: 38 | Date of Birth: 17/10/1982 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Sales and marketing manager | | g manager | Driving Licence Information: Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 31/10/2020 16:56 | Type of Location T-Junction |
|--|---------------------------|---------------------------------------|---|--------------------------------|
| Location: ANG MO KIO | AVENUE 5 | Road Surface: | | Road Speed Limit: |
| Weather: Heavy rain | | | | ricoa opoco crinc |
| Weather: Heavy rain Traffic Flow: One Way | | Wet Traffic Control: Pedestrian Cross | ing | Traffic Volume: |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|---------|---|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| GBE3782G | Van | HYUNDAI | Starex | White | Slightly Damaged | 1 |
| SLU521K | Car | AUDI | A3 SEDAN 1.0 TFSI S TRONIC (LED) | Brown | | 0 |

Police Report





Pelice Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20201031/7035

CONTINUATION OF REPORT

| Details of V | ehicle Insurance | SOME THE REAL PROPERTY. | | |
|--------------|---|-------------------------|------------|-------------|
| | Insurance Company | Insurance No. | Effective | Expiry Date |
| GBE3782G | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1700077636-03 | | 20/11/2021 |
| SLU521K | AIG ASIA PACIFIC INSURANCE PTE. LTD: | 1700077636-02 | 21/11/2019 | 20/11/2020 |

| Details of Perso | in Involved | | | |
|-------------------|----------------------|-----------|--|-----------------------------------|
| Any Pedestrian I | nvolved: No | | | |
| No. of Pedestrian | s Injured: NIL | Use of Pe | destrian Cro | esing: NA |
| Driver | | | doba itali bio | arang no |
| Name | KOH ZHI CHENG | | ID No. | \$8235856H |
| Related Vehicle | SLU521K (Car) | | Contact No | o. 88861088 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NiL Date of Expiry: NIL |
| Date | NIL | Date | NIL | |
| No. of Days grant | ed Medical Leave NIL | Degree of | | |

Brief Details.

This accident happened along Ang Mo Kio Ave 5 towards Upper Thomson Road outside/near Blk 151. I was waiting to make a u turn at a traffic light junction. Suddenly I felt a jerk and realise the behind van kissed my bumper. I got down to check my rear but as it was raining heavily I could not judge the damage correctly. I told him I need to check but he insist that there is no crack, scratch or damage. I found my reverse sensor to be slighted out of place but he insist that there is nothing and wants to go off. As it was raining heavily. I did not take a photo of the accident scene but I have the video of his van bumping into my rear.

Video Link can be found here.

https://drive.google.com/file/d/1mtbiwR6Boo2wsFM_jU2_jvrmwkaCeqfQ/vicw?usp=sharing
As it was raining heavily and he was not cooperative enough, we left without exchanging particulars and it
decided to make a police and insurance report online for claim purpose should the need arise.

Please assist in wherever possible to seek the other party's assistance if required.

Thank You

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000 3 of 3 Report No. T/20201031/7036

CONTINUATION OF REPORT

| Sketch Plan | | | |
|--------------|-----------|------------|--------|
| Informant is | not able. | to provide | sketch |

NP168

| been authenticated by SingPass. No signature is required. |
|---|
| Date/Time: 31/10/2020 18:55 |
| Classification Of Case: |
| |