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 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.

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 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 01/12/2020 09:12 (SGT) Date of Accident 29/11/2020 21:40 (SGT) Exact Location of Accident Choa Chu Kang, Singapore Additional Location Information KJE TWDS CHOA CHU KANG DR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SK78020Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN YUEN CHEN (CHEN YUNZHENG) NRIC No. S8023100H Email Address YUENCHEN80@GMAIL.COM Mobile Phone No (Phone) +65-96757085 Alternative Phone No +65-96757085

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100443750-04 Cover Note Number

DRIVER

Name of Driver TAN YUEN CHEN (CHEN YUNZHENG) NRIC No S8023100H Date Of Birth 19/07/1980 Occupation Indoor

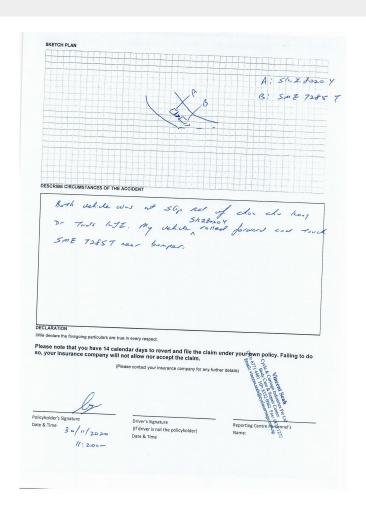
Date Of Driving Pass 29/05/2001 Driving experience 19 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96757085 Alt. Phone Number +65-96757085 Email Address YUENCHEN80@GMAIL.COM Address BLK 242 BT. PANJANG RING RD Address complement #05-171 Postcode 670242 Is the driver the policyholder? Yes If No, 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 Collision - Head on collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT BOTH VEHICLE WAS AT SLIP RD OF CHOA CHU KANG DR TWDS KJE. MY CAR ROLLED FORWARD AND TOUCH CAR B (SME7285T) REAR BUMPER. 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 SME7285T Vehicle Manufacturer Toyota Vehicle Model Noah Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LIEW GIM GUAN NRIC No S6917495G Contact Number (Phone) +65-90919414 Address Address complement

Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN IMPORTANT NOTICE 1. Please report correctly the details of the accident to speed up the claims pr 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful missinsurance companies to <u>repudiate policy liability</u>. 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the ins 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 Associations (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) (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 (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 age 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 de 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 Driver's Signature (If driver is not the policyholder) Date & Time 11:20cm



		Nome Annex
		NOTICE OF REPORTING
	This is to confirm	m that Tan Yuen Chen
	NRIC/PIN \$80,03100	, has reported to the Police a non-injury traffic accident,
	which occurred at K	TE towards (2000 chu kang Drive; slip mad.
	CH.P TROCOSITIPEED	ample in the state of the room.
	1 0000	am/pm involving the following vehicles:
	 SKE 8020 SME 7285T 	
	3.	
	4.	
	5	
	 If this accident we he/she has complied with 	as reported to the Police within 24 hours of its occurrence, then See 84(2) of the Road Traffic Act, Cap 276.
		Traine Act, Cap 276.
		ficer: esq 12005 Hoffweldin
	Rank/Name of Issuing Off Date: 29.11.2020	Traine Act, Cap 276.
	Rank/Name of Issuing Off	ficer:esqnisosb_HoRecodin Time:ssburs
	Rank/Name of Issuing Off Date:aq.ıı.aoao S/D Ref:u5	ficer: 232 11200-8 MORRACHIO Time: 2518 Mrs. CHOA CHU KANG NPC. 20 CHOA CHU KANG ST 52 401
•	Rank/Name of Issuing Off Date: 29.11.2020	CHOA CHU KANG NIC CHOA CHU KANG NIC 20 CHOA CHU KANG ST 52 #01 SNGAPORE 68926 TEL: 1800-769999
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