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 07/12/2020 14:35 (SGT) Date of Accident 05/12/2020 12:50 (SGT) Exact Location of Accident Bartley Rd East, Singapore Additional Location Information BEFORE BEDOK NORTH RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SKD1333G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN TAI KENG NRIC No. SXXXX214B Email Address alexco@singnet.com.sg Mobile Phone No (Phone) +65-96891333 Alternative Phone No (Home) +65-96891333

VEHICLE PARTICULARS

Manufacturer

Model E200 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800005569-02 Cover Note Number

DRIVER

Name of Driver TAN TAI KENG NRIC No. SXXXX214B

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	01/11/1965 Indoor 17/01/1986 34 YEARS AND 11 MONTHS Male (Phone) +65-96891333 (Home) +65-96891333 alexco@singnet.com.sg 3 BEDOK RESERVOIR VIEW #02-04 478927 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 5 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SJE4163S

Vehicle Registration Number	SJE4163S
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD9026R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLQ7642U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMT1977R - -
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TAI KENG
Gender	_
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKD1333G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

1 NOS DRIVING BLOWS BARTLAY MODO BAST TO JAMPINAR : JHA CAR JAIFROUT OF MA STOP & I F (AST 144 & SACOUD I FELT A BANG FROM 14A 3108 my CAR & SOW 14A IS 5 CAR CITORY COURSE	BOSTIP BLAR I
(AS 14h 5 ShowD I FELT A BOWL FROM 7HA	
Mal till	ion
STON MY CARL & SOW LITE IS SOR CITY COURS.	
claration	
declare the foregoing particulars are true in every respect.	
CSN.	
/W//	
X (IV)	MA
	lm
1 1/4	1
cyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed	by Reporting Centre
& Time Personnel	

SKETCH PLAN

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- 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 aforesed.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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' law yers/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 clams

(ii) investigating the accident and/or my claims

(a) 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 envelopesimal 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 GM to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting

Sketch Plan

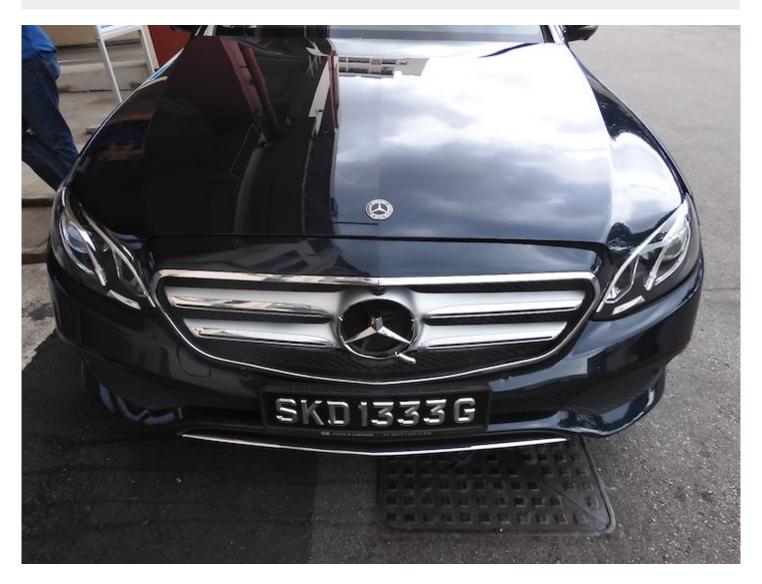
A. JICD 13339 3: JJE41635 C. SKD9026R

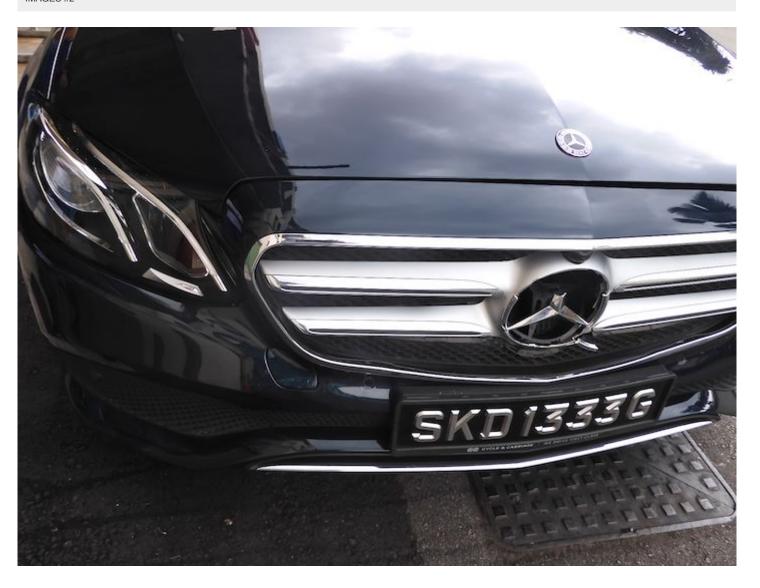
3: SUQ76244 SLQ76424

5.5MT1977R

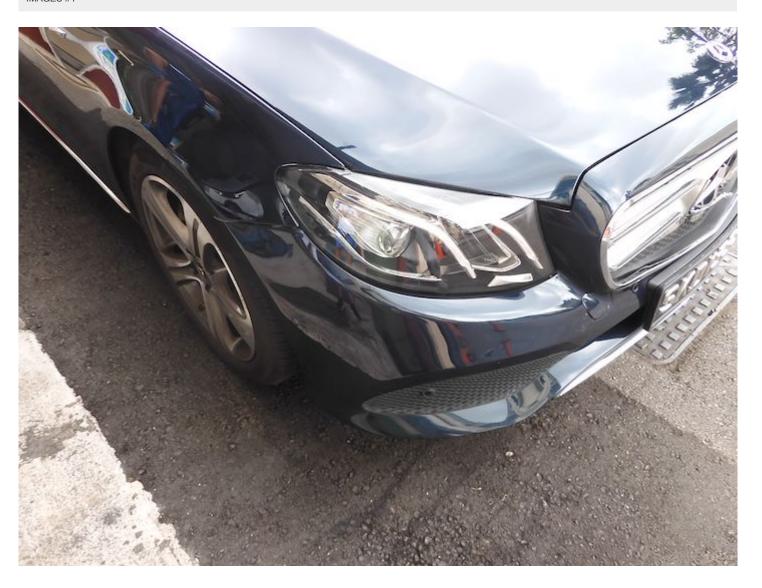
Accident report SN0920C7000F

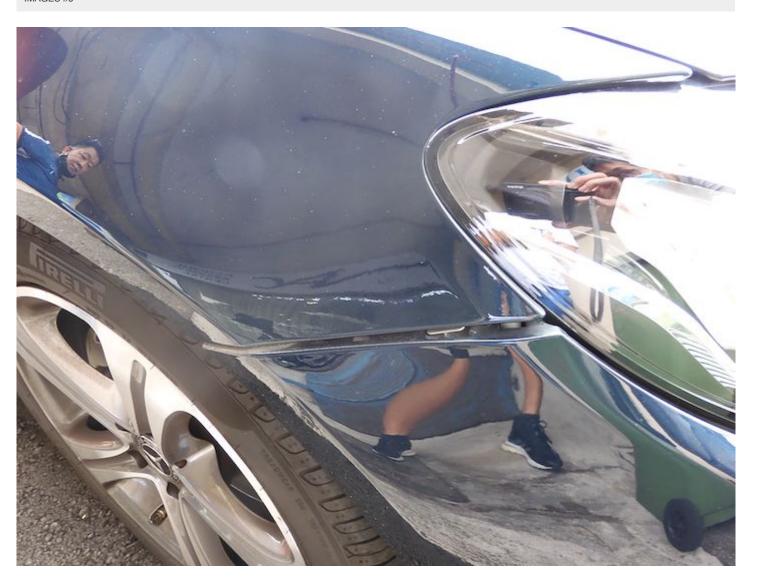
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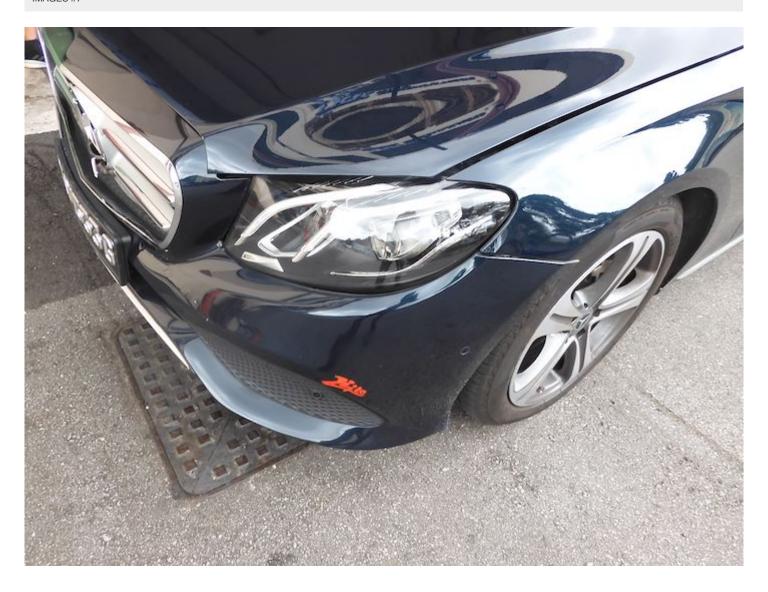










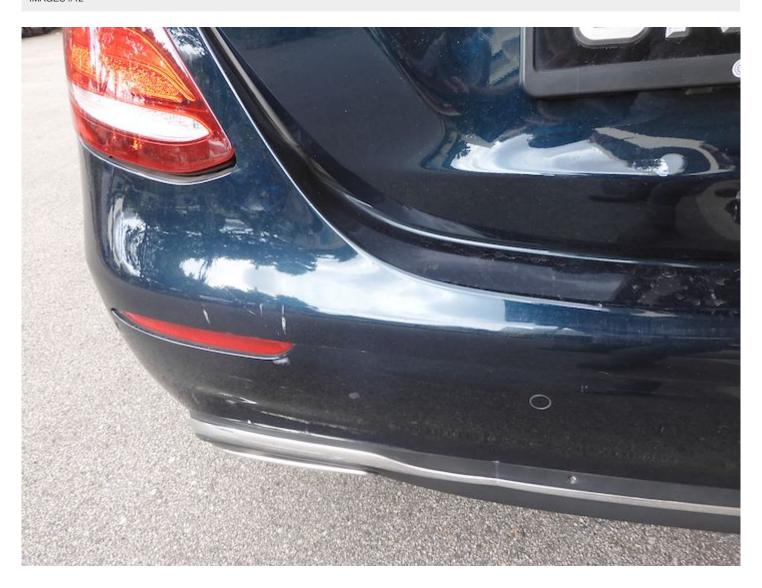






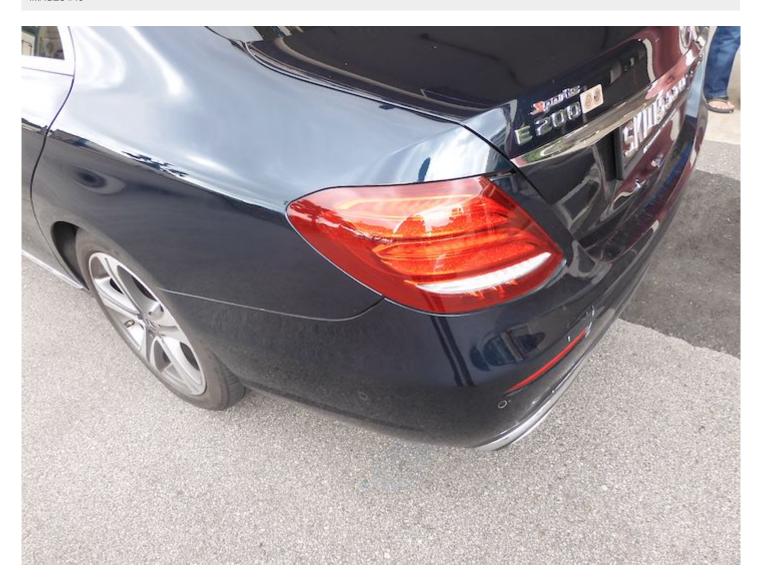


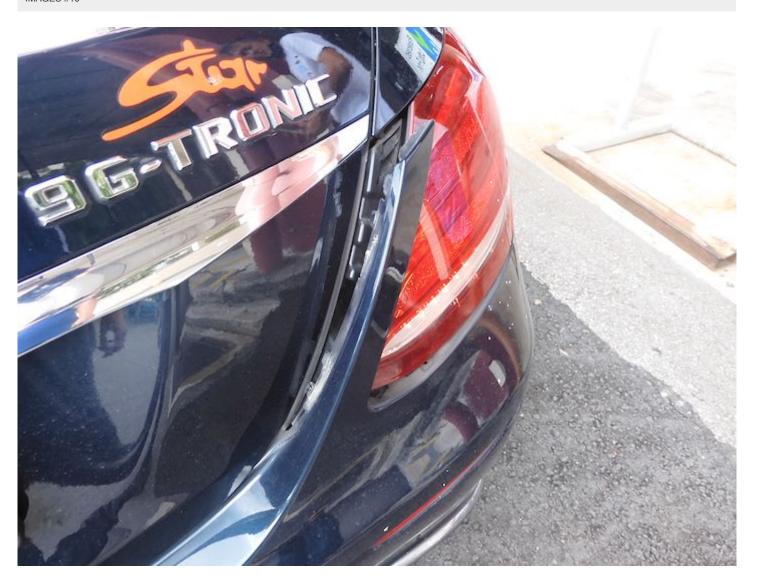




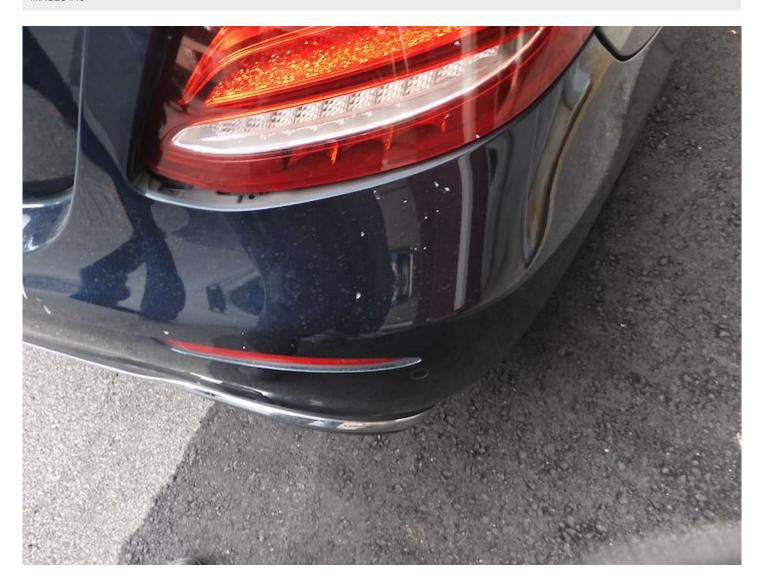




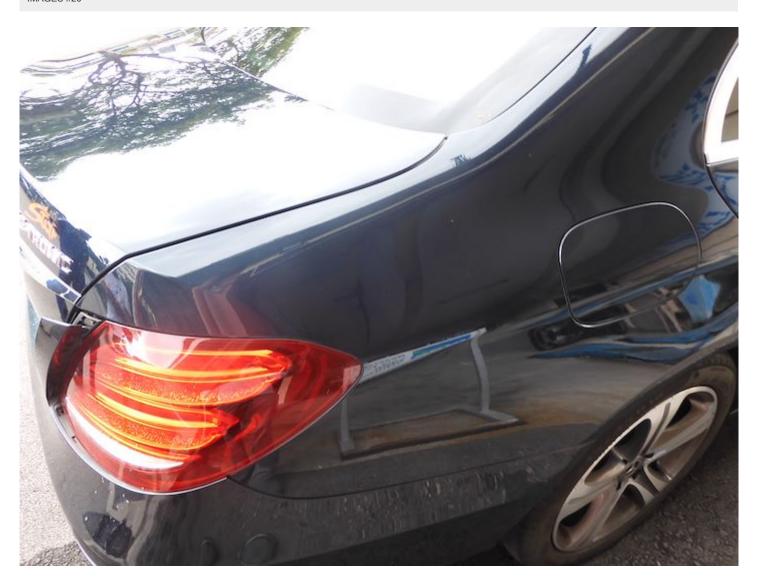


















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADI	DENDUM
PARTICULARS OF PERSON MAKING THE AMEN	NDMENTS:
Original Report No: 540930C7000F	Vehicle Registration No: SKD 13334
Name (as shown in NRIC): TAN 201 KEN	NRIC/FIN/Passport No: SXXXX2/4B
(*Vehicle Driver/Vehicle Owner) (*) Please dele	ete as appropriate
Address: 3 BEBOK RESERVOIR	VIGO #02-04 Singapore (
Contact (Tel):	Mobile No.: 968-913-33
Email Address:	
Date of Accident: 05/12/20	Time of Accident: 70 : 50
Place of Accident: BARTLEY RD EAS	T BY BEDOK WORTH RD
Insurance Company: A 144	
ADDITIONAL INFORMATION /AMENDMENTS:	
AMEND VEH D NO; SI	W/07-7-
	elyw solos/s
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

AND ARE INCOMEDISTANCE.