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.

 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 21/12/2020 15:25 (SGT) Date of Accident 20/12/2020 12:46 (SGT) Exact Location of Accident Singapore Additional Location Information NORTH BRIDGE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU318G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TANG FOOK HENG NRIC No. S1471915F Email Address FOOKTANG@GMAIL.COM Mobile Phone No (Phone) +65-90698569 Alternative Phone No +65-90698569

VEHICLE PARTICULARS

Manufacturer Mercedes Model B180 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1700072541 Cover Note Number

DRIVER

Name of Driver TANG FOOK HENG NRIC No S1471915F Date Of Birth 18/07/1961 Occupation Indoor

Date Of Driving Pass 24/11/1990 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90698569 Alt. Phone Number +65-90698569 Email Address FOOKTANG@GMAIL.COM Address 101 MERGUI RODA #13-06 Address complement Postcode 219067 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane 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 REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number SKH434J Vehicle Manufacturer Maserati Vehicle Model Vehicle Variant Vehicle Colour Blue Vehicle Category Private car Name of Driver QUEK BOON BENG NRIC No S0048374E Contact Number (Phone) +65-98170063 Address Address complement Postcode

Was there any audio recorded?



nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	3

SKETCH PLAN 1. Please report $\underline{\text{correctly}}$ 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. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>. 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. 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) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the 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 (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: 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 Driver's Signature (Indiver is not the policyholder) Date & Time Cycle & Carriage Industries Pte Ltd















