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.

- 4. The issue and acceptance of this is form by instrained 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 09/01/2021 19:46 (SGT) Date of Accident 09/01/2021 10:50 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU6663H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HONG SEH MOTOR PTE LTD Company Reg No 198203320D **Email Address** kenlow@hongseh.com.sg Mobile Phone No (Phone) +65-96894889 Alternative Phone No (Office) +65-96894889

VEHICLE PARTICULARS

Manufacturer Model LEXUS ES300H 4DR SEDAN (AUTO) LUXURY Variant Exact purpose for which vehicle was being used at time of Private hire accident 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 999994259 Cover Note Number NA

DRIVER

Name of Driver **CHAN SEK WAI** NRIC No S7380218J Date Of Birth 23/04/1973 Occupation Indoor

Date Of Driving Pass 30/11/2002 Driving experience 18 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97242988 Alt. Phone Number Email Address jeremychanw@yahoo.com.au Address HDB Punggol, 101D Punggol Field Address complement #03-450 Postcode 824101 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Chain 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 PASSENGER 1 Name Alice Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I was driving along kpe. Vehicle in front of me suddenly jammed brake, i try to brake but was unable to stop on time and collided with the front car. My front portion was damaged and no injury involved. It was a chain collision of 7 vehicles. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJR8036G

Private car ANTHONY QUEK

TUCSON2.0A

Hyundai

Name of Driver Accident report SA0A21190004

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

NRIC No	S7231760B
Contact Number	(Phone) +65-91198583
Address	-
Address complement	-
Postcode	-
Insurance 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 process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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)

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:
 - 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
- (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:
 - (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:

MOHAMED SHARIL BIN SATAR
Reporting Centre Personnel's Signature

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

NRIC/FIN No.:

GIARMC SketchPlanForm V

CITY T KPE	G F E O C B A	Q CO	mTACT	
KPE	€ 0 c	Co	mTACT	
KPE	0	Co	MTACT	
KPE	C		MIAC	
DENT	1			
	*			
		No.		
				506
				6
every respect.				
seyou.				
gnature s not the policyholder) ne:	Name:		gnature	
-	nature not the policyholder)	R MOHA gnature Reporting not the policyholder) Name:	REPORTING OFFICE MOHAMED SHARIL BIN Reporting Centre Personnel's Si not the policyholder) Name:	REPORTING OFFICER MOHAMED SHARIL BIN SATAR Reporting Centre Personnel's Signature not the policyholder) Name:

ACCIDENT STATEMENT (2000 characters)

t of me suddenly jammed brake.i try to brake but ed with the front car. My front portion was s a chain collision of 7 vehicles.
ovided above are true in every aspect

MARS Officer

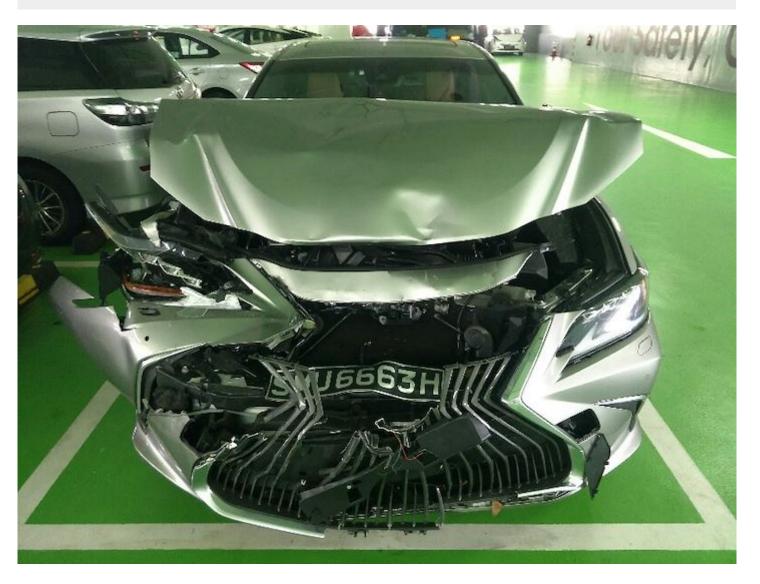
Registered Owner or Driver's Signature

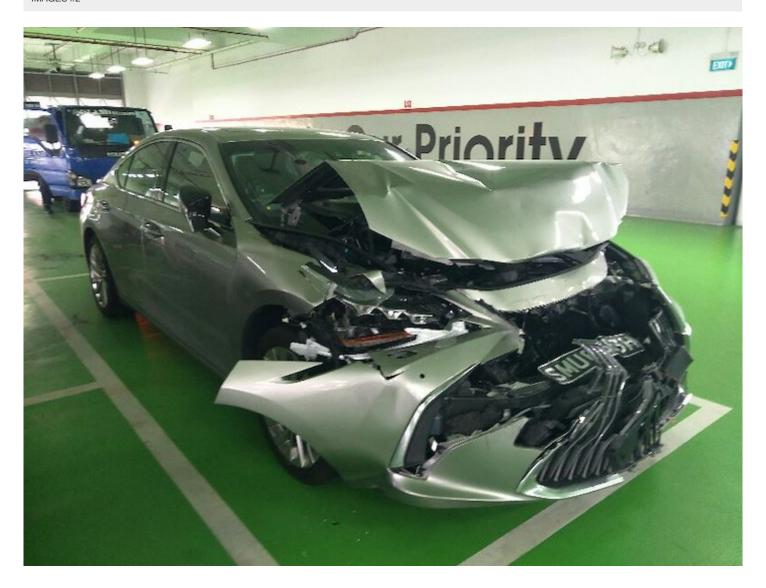
Job Complete Date/Time

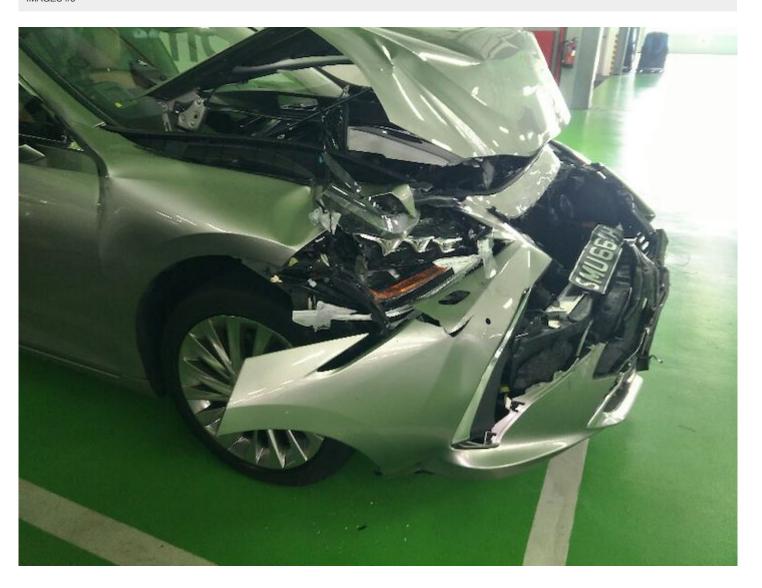
9 January 2021 at 5:30 PM

Date/Time:

9 January 2021 at 5:30 PM

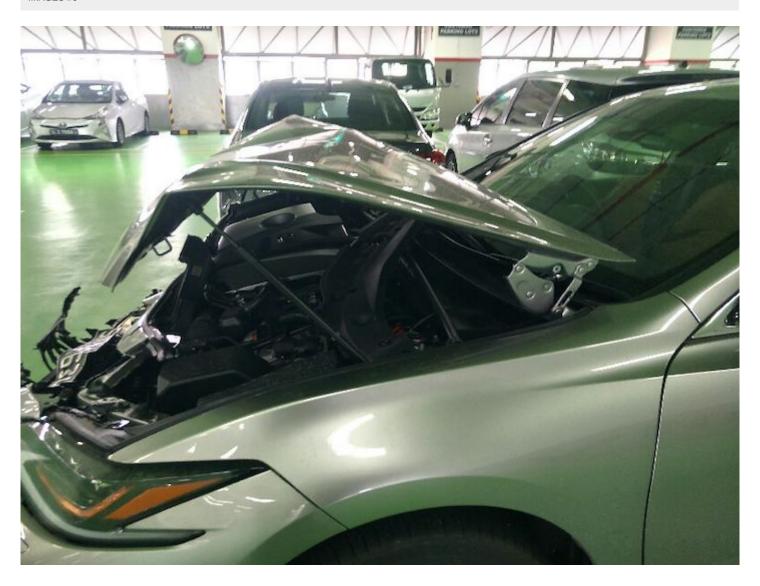




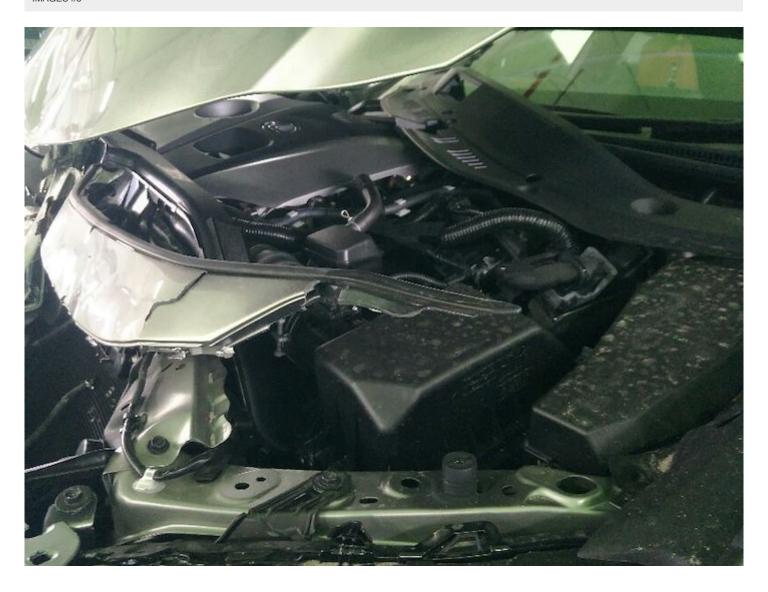




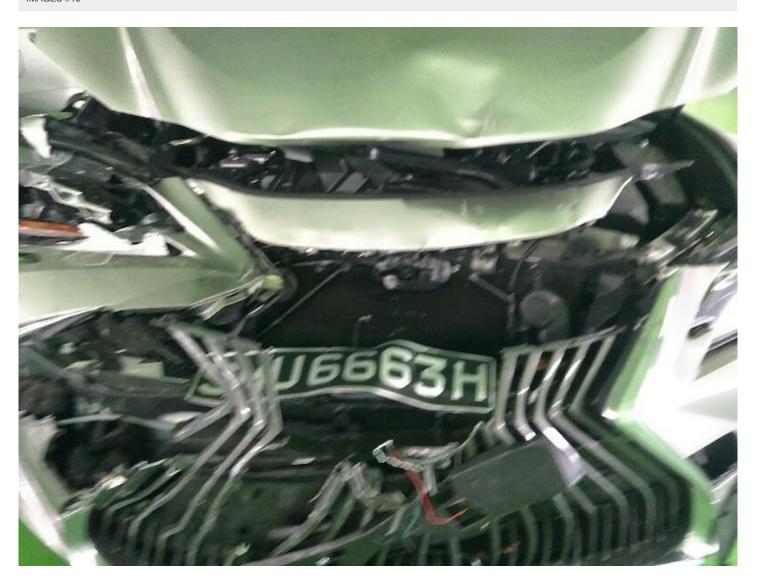


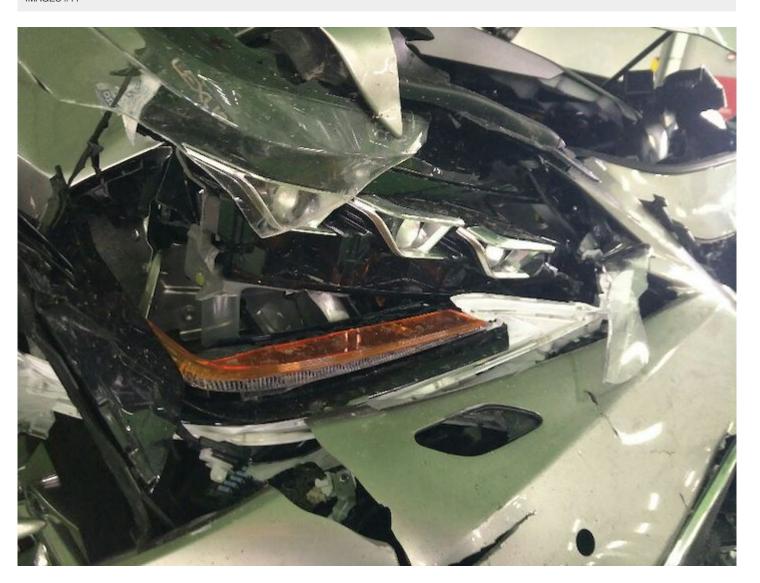














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: ___Vehicle Registration No: __SMU6663H Original Report No : SA0A21190004 Name(as shown in NRIC) : CHAN SEK WAI _NRIC/FIN/Passport No: __ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(_____Mobile No.:_97242988 Contact (Tel) **Email Address** 09/01/2021 ____Time of Accident : ___10:50HRS Date of Accident Place of Accident : KPE, Singapore Insurance Company: __AIG (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACH PHOTOS MEILIN CHAI Policyholder / Driver's Signature Reporting Centre Personnel's Signature

NRIC/FIN No.: G7422715K Date: 12 JAN 2021

GIARMC addendumform_V3

Date: