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SN082128000B / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/02/2021 19:07 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/02/2021 19:07 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/02/2021 19:07 (SGT) 05/02/2021 17:00 (SGT) 101 Thomson Rd, Singapore 307591 MULTI STOREY CARPARK Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP1002A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

**Email Address** Mobile Phone No

NRIC No

Alternative Phone No

No

WANG ZHONG XIAN

SXXXX112I

admin@mycar.com

(Phone) +65-86126888

+65-98156218

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Toyota Alphard

Employment

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

1900151729-01

DRIVER

Name of Driver

NRIC No

OO HOCK BENG

SXXXX591D

D 4 0/D11 D	
Date Of Driving Pass	05/01/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98156218
Alt. Phone Number	-
Email Address	admin@mycar.sg
Address	BLK 392 BUKIT BATOK WEST AVENUE 5
Address complement	#16-406
Postcode	650392
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	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 to Rear
Weather Conditions	Clear
Road Surface	Dry
Toda Guildea	Diy
OT UTO INFORMATION	
OTHER INFORMATION	
W	Ñ .
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	8
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
A COSTON	TIANI TIANI
Name	TIAN TIAN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
DI TARE DESERVE TO OVETCU DI ANI	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
THE THE STATE OF T	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
was there any addio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	
Vehicle Registration Number	SJK9352Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
	Lancer
Vernete Variant	
Vehicle Colour	Private and
Vehicle Category	Private car
Branch at the Control of the Control	

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
11 O(D	

#### 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.
- 3. 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.
- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' 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 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

w Reverse B: SJK 9350 Z 4 B united square multistary

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### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Date of Accident	5 Feb 21 Accident Time: 17:00 (24-FR-Fornat)
Accident Place	united square multistory carpark
Vehicle Reg. No. (Car Plate No.)	SM9100>A
Vehicle Make/Model	: Toyola Alphard
Insurance Company	- Alh Policy No. 1900151729-01
Owner or Company Name /IC No.	: Wang Zhong Xion 58988112I
Owner or Company Contact No.	: 86126888 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: 00 Hack Beng 5273591D.
DRIVER'S Date Of Birth	: 15   1959 DRIVER'S License Pass Date 5   1977
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Blk 392 Bulat Botolc West Avenue 5 \$ 16-406
DRIVER'S Contact No./ Alt No.	:1) <u>98156718</u> . 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@my cor.sq.
Weather & Road Surface	: CLEAR DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): Y
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES \ NO s being used at the time of accident: Private use \ Worldpurpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: SJK93522	Vehicle Reg. No:
Vehicle MakelModel: Mitsubisk	Vehicle Make Wodel:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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# AIG Insurance Renewal Acknowledgement (Policy No: 1900151729-01) [REF: MAR002A1595915631528]



Dear Customer.

Thank you for insuring with AIG.

We are pleased to acknowledge receipt of your AIG Insurance Policy renewal submission.

Policy No:	1900151729-01
Transaction Reference No:	MAR002A1595915631528

Your policy documents will be sent to you in a separate email shortly. Kindly print a copy of the Certificate of Insurance and keep it in your vehicle for reference.

If this transaction was not done by you, please call us at 6419 3000 from Mondays to Fridays, 9am to 5pm, excluding Public Holidays. Our Customer Care Consultants will be pleased to assist you.

This is an automatically generated email, so please do not reply to this email address.

Yours sincerely,

AIG Singapore

AIG | Privacy Policy

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