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 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 09/02/2021 12:37 (SGT) Date of Accident 08/02/2021 07:50 (SGT) Exact Location of Accident Singapore Additional Location Information TAN TOCK SENG HOSP Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV197H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHI KEAT SUNG NRIC No S2620389I Email Address kschi11@yahoo.com.sg Mobile Phone No (Phone) +65-98584082 Alternative Phone No +65-98584082

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1700090984 Cover Note Number

DRIVER

Name of Driver CHI KEAT SUNG NRIC No S2620389I Date Of Birth 11/10/1955 Occupation Indoor

Date Of Driving Pass 28/12/1991 Driving experience 29 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98584082 Alt. Phone Number +65-98584082 Email Address kschi11@yahoo.com.sg Address 211 BUKIT BATOK ST 21 #13-254 Address complement Postcode 650211 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 - 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? Nο PASSENGER 1 Name ADELINE CHI Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Batok Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006659999 Alt. Police Station Phone No (Fax) +65-64252661 Police Station Address 21 Bukit Batok East Ave 4 Singapore 659840 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACHED. 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 SHB8065E

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

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Taxi
LEE HENG ANG
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1

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: SLV 197H

- 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
- 7. 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)
 - (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 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:

LAKET

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

Date & Time:

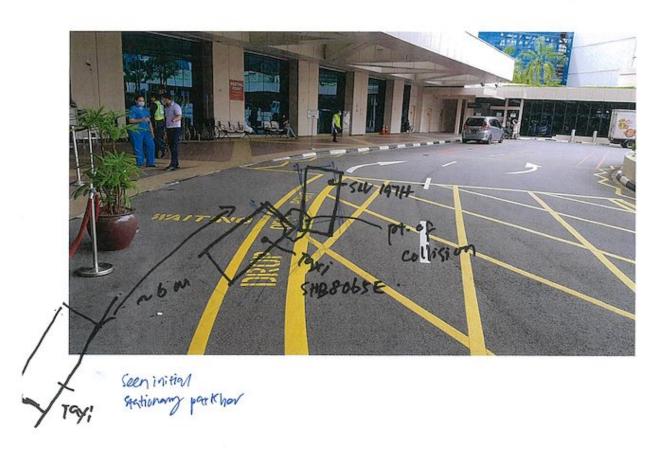
Reporting defitre Personnel's Signature

Name: NRIC/FIN No.

SKETCH PLAN	Main Entrema	drop off point T	an was surg	Hospit
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Accident Location:		(A) My Vehicle	NO.	
Accident Date:		Time:	am	/ pm
	f Details			r piii
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Main Entrance - Drop off point Tan Took Rong Hospital.









Collision.

Marking

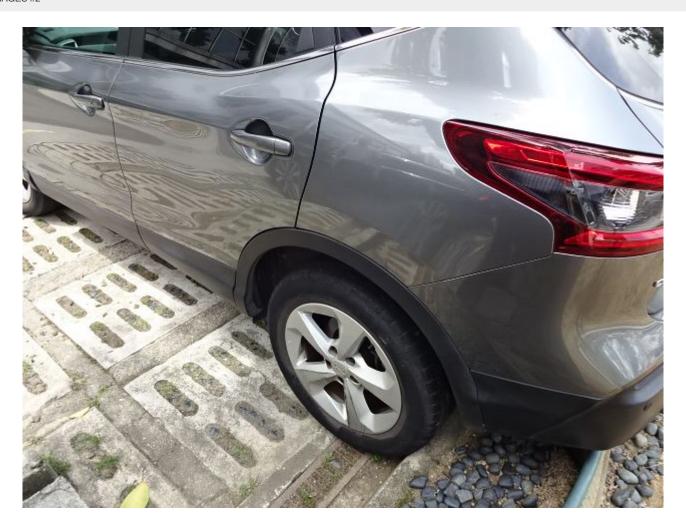
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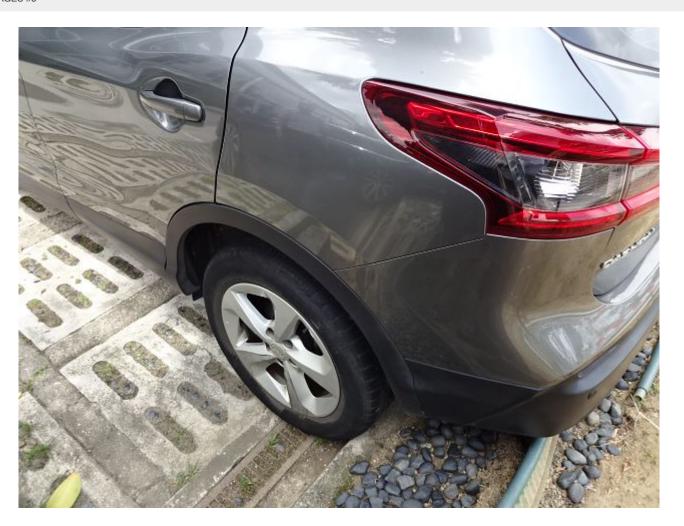




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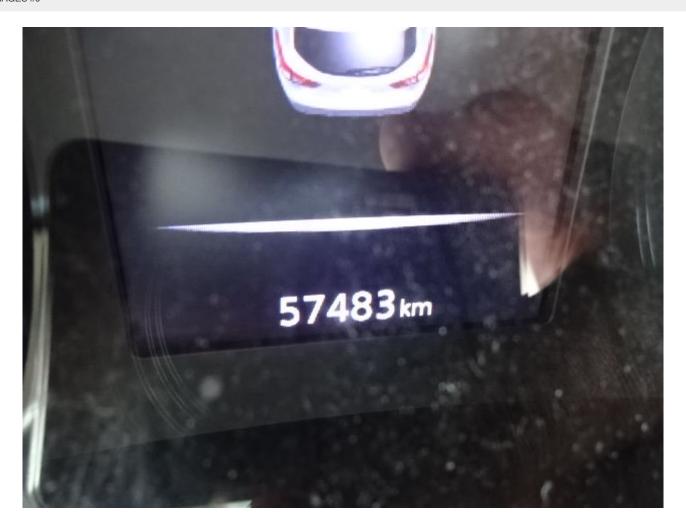




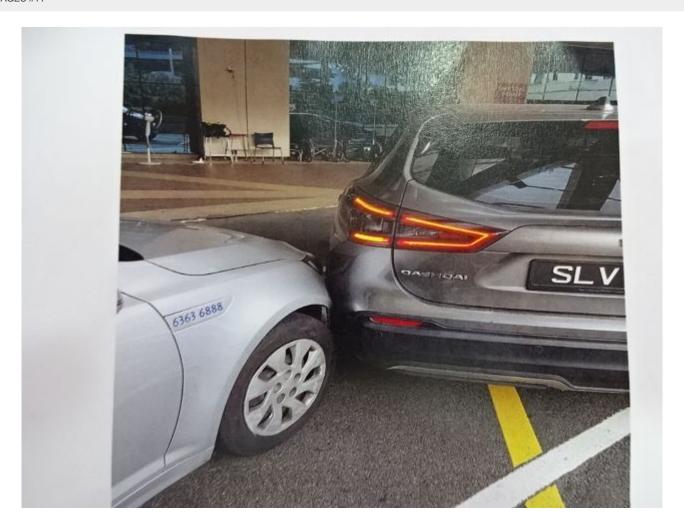




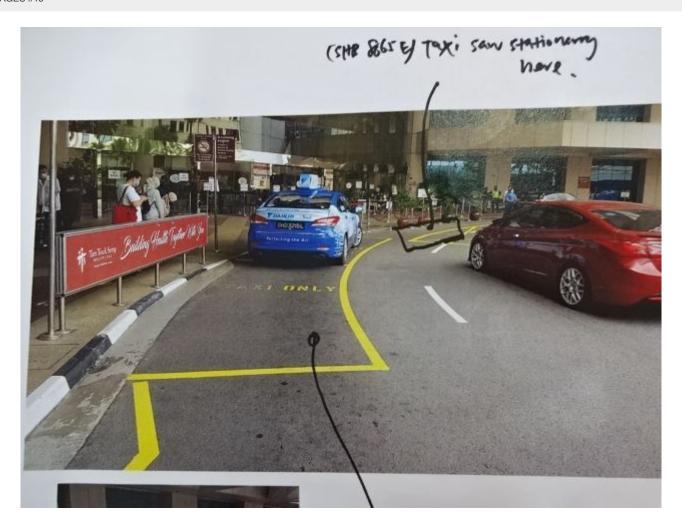


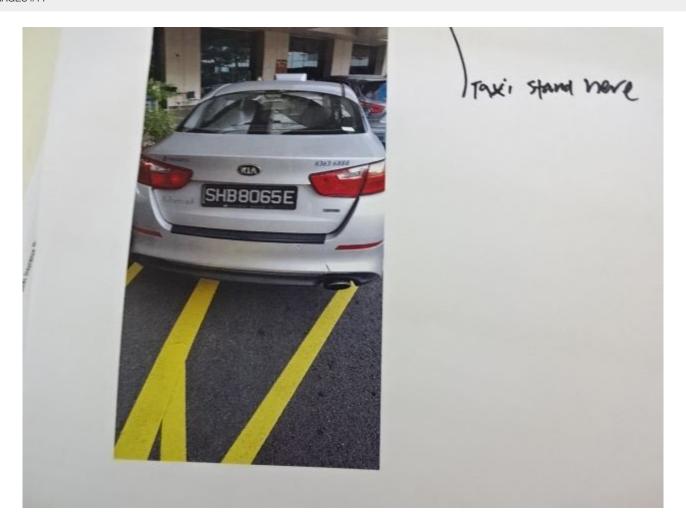












Annex D

NOTICE OF REPORTING

This is to confirm that, Chi Keat Sung, S2620389I, has reported to the Police a non-injury traffic accident which occurred on 08/02/2021 at about 0750hrs along Tan Tock Seng Hospital, at the main entrance drop off point. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

V1) SLV197H, (Driver: Chi Keat Sung, S2620389I, HP: 98584082)

V2) SHB8065E, (Driver: Lee Heng Ang, S2548142I)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T140397 Tan Wei Kang

Date: 08/02/2021 Time: 1827hrs

S/D Ref: 112 Police Post/Unit: Bukit Batok NPC

(18/8/8 (July)

21 BUKIT BATOK EAST AVENUE 4 SINGAPORE 659840 MINOR