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	10/03/2021 15:54 (SGT)
Date of Accident	10/03/2021 10:40 (SGT)
Exact Location of Accident	Jurong East Street 31, #01-15 near, Block 345, Singapore 600345
Additional Location Information	CARPARK BEHIND FAIRPRICE NTUC.JURONG EAST ST 31 BLK 345
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7496X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LE MY DIEP
NRIC No	S7573517J
Email Address	KIMLE88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90014232
Alternative Phone No	+65-93366204

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800139117
Cover Note Number	-

DRIVER

Name of Driver	YEE CHZE VUI
NRIC No	S7346844B
Date Of Birth	25/12/1973

Occupation	Indoor
Date Of Driving Pass	20/11/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93366204
Alt. Phone Number	-
Email Address	YEESEBAS@HOTMAIL.COM
Address	BLK 490 JURONG WEST AVENUE 1 #06-07
Address complement	-
Postcode	640490
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

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?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LE MY DIEP
Gender	Female

PASSENGER 2

Name	YONG PONG
Gender	Female

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 ATTACHMENT
COLLISON-HEAD TO SIDE,THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS4780B
Vehicle Manufacturer	Honda

Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ENG CHIK NAM
Contact Number	(Phone) +65-85223937
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 :

(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.

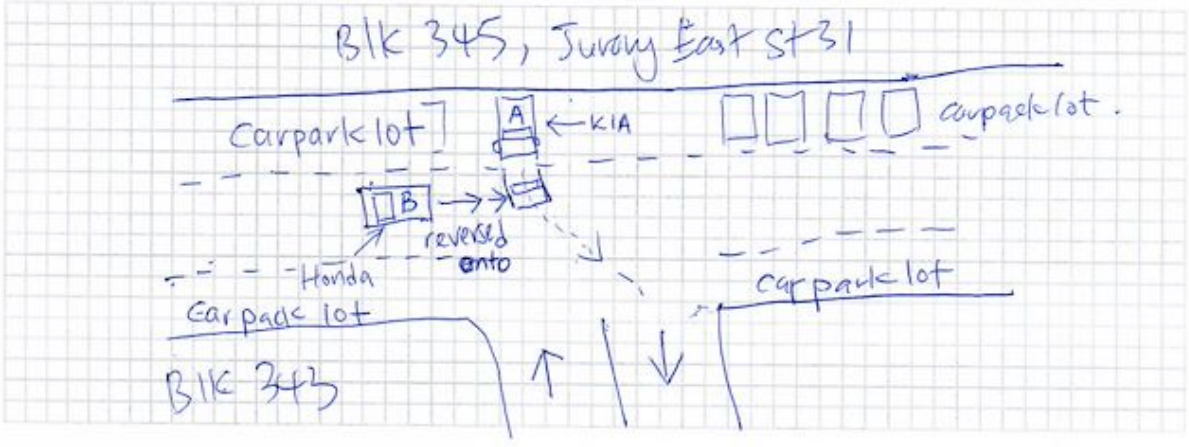
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
10/3/2021 1p.m	10/3/2021 1p.m	

Sketch Plan



Describe Circumstances of the Accident

There was a Honda Fit parking in front of our vehicle. signalled
We aboard our kia car and ready to move off.
When the Honda fit vehicle moved ~~in front~~ away and parked at the right side of our vehicle approximately 1 vehicle length. We then slowly moved off from our car parking lot, after confirming that the vehicle is at stop position.
Out of the sudden the Honda fit reversed very quickly onto our right side of ~~vehicle~~ front of vehicle.
The honda driver apologized to me, telling me that he did not check the blindspot during reversing.

Declaration

I/We declare the foregoing particulars are true in every respect.

10/3/2021, 1pm — Policyholder's Signature / Date & Time

10/3/2021 1pm. — Driver's Signature (if driver is not the policyholder) / Date & Time

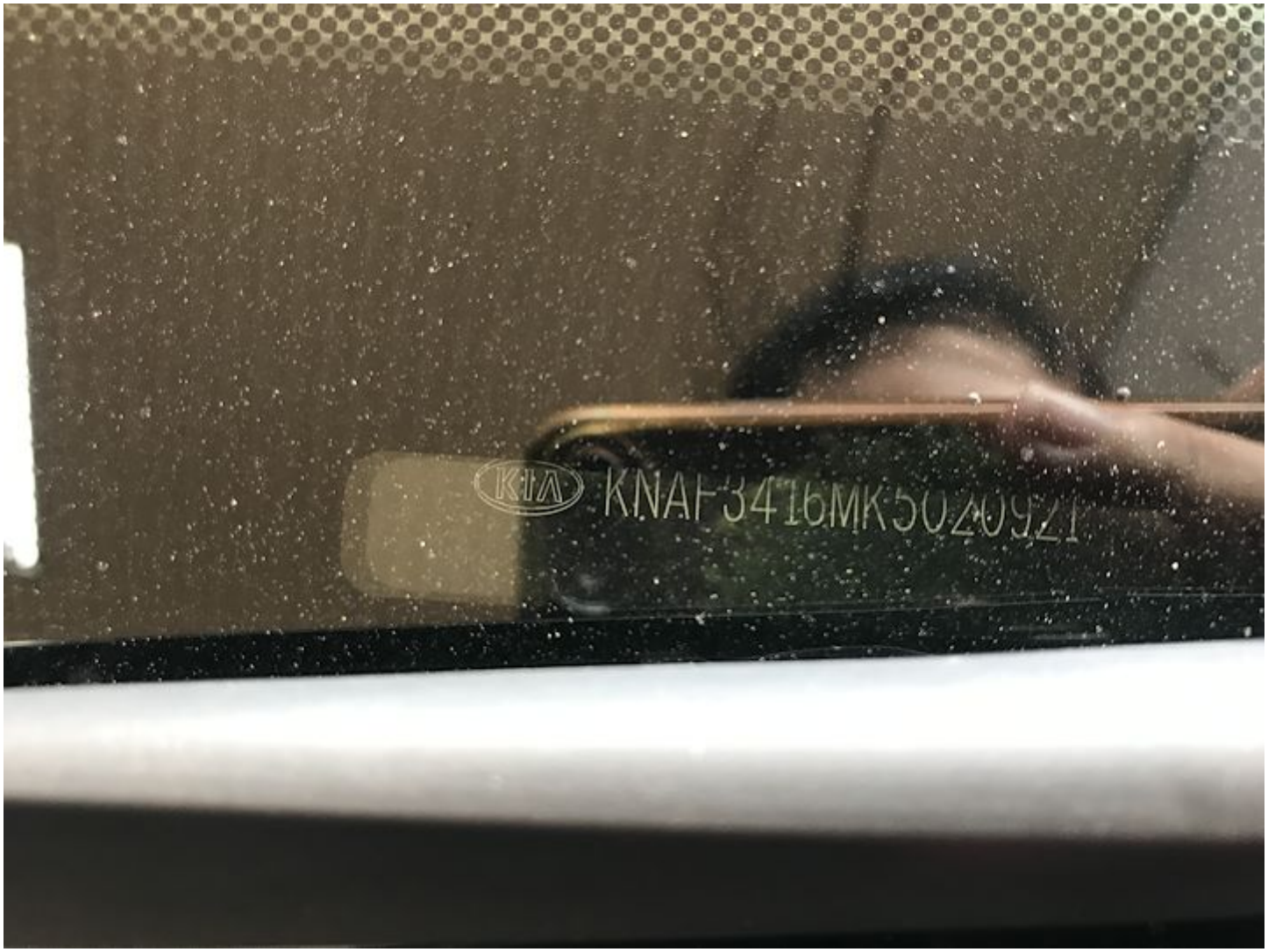
Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

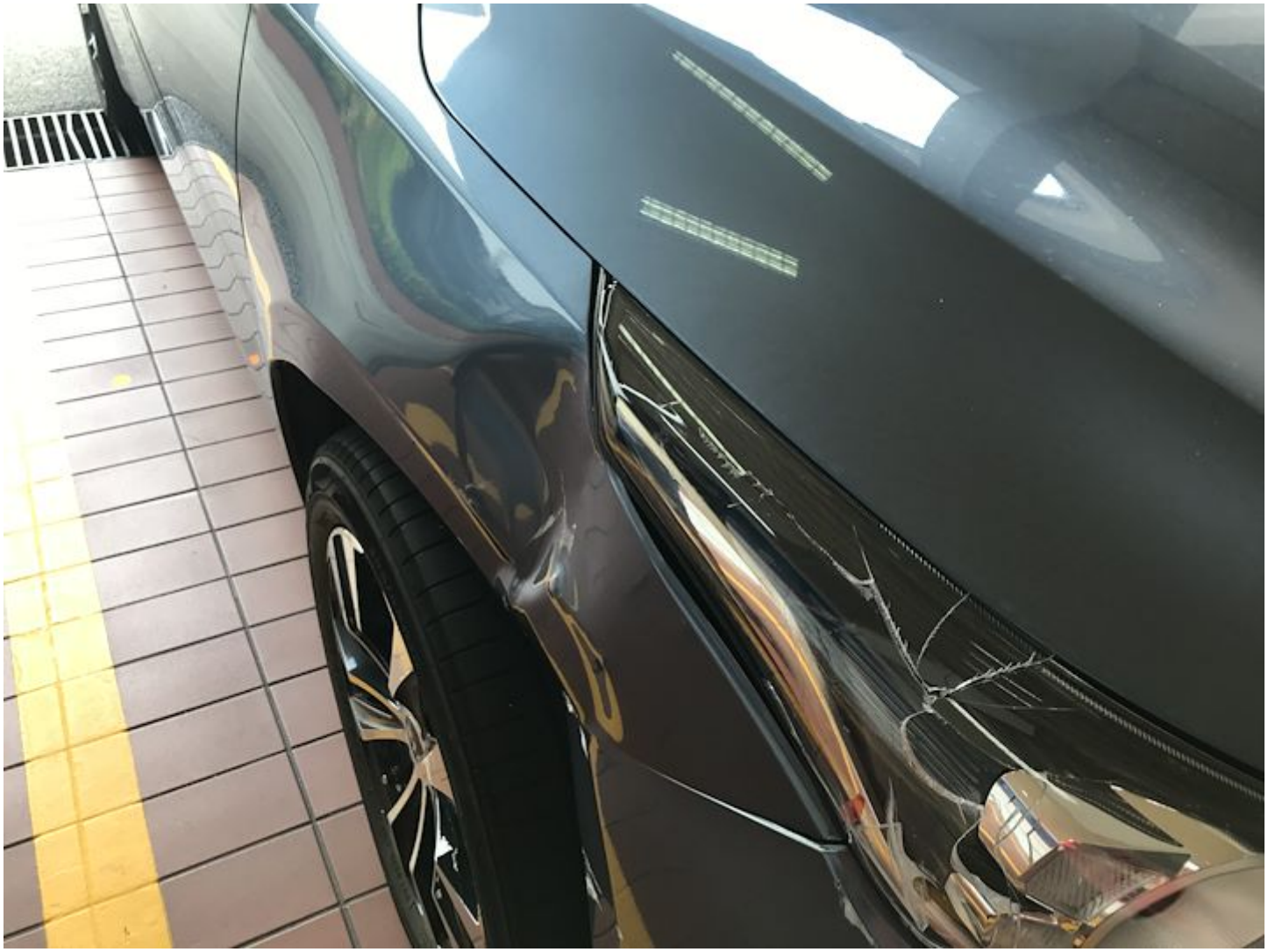
IMAGES #3

IMAGES #4



IMAGES #5

IMAGES #6



IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10