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 13/03/2021 12:14 (SGT) Date of Accident 13/03/2021 08:14 (SGT) Exact Location of Accident Whampoa, Singapore Additional Location Information WHOMPOA DRIVE - LOR LIAMU CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFT2206J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOH KUAN MING EFREM NRIC No S7121387J Email Address efremloh@gmail.com Mobile Phone No (Phone) +65-96255484 Alternative Phone No (Home) +65-63859653

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 170057667-03 Cover Note Number

DRIVER

Name of Driver LOH KUAN MING EFREM NRIC No S7121387J Date Of Birth 28/05/1971 Occupation Indoor

Date Of Driving Pass 21/08/1991 Driving experience 29 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96255484 Alt. Phone Number (Home) +65-63859653 Email Address efremloh@gmail.com Address BLK 421 HOUGANG AVE 10 #07-305 Address complement Postcode 530421 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 Collided into Parked Vehicle 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 PLEASE REFER TO THE ATTACEHD DOCUMENTS ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number SKB5081S Vehicle Manufacturer Nissan Vehicle Model Urvan Vehicle Variant Vehicle Colour White Vehicle Category Commercial vehicle Name of Driver TOH MENG PENG NRIC No S8335354F Contact Number (Phone) +65-82817383 Address Address complement Postcode

Was there any audio recorded?



Insurance Company Name	-
Nature Of Damage	DENTED AND SCRATCHED
Details of property damaged in accident	FRONT RIGHT SIDE
No. Of Passenger (Including Driver)	-

SKETCH PLAN PARKED WITH USERS MEARBY INITIAL PARKED AREA & ROLLED FORWARD ONLY DESCRIBE CIRUMSTANCES OF THE ACCIDENT from cor port lot. Misjudged my car was moving at and hit Ront parting (st. stationery vehicle in the A : SFT2206 J - SUBARU VEH B : SKB 508 (S VEH - MISSAH REFER TO VIDEO FOOTAGE AS ATTACHED * KINDLY DECLARATION I/We declare the foregoing particulars are true in every respect. Frenkli Fremdel
Driver's Signature Policyholder's Signature Reporting Centre Personnel's Signature

SKETCH PLAN

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- 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 (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.
- (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:

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13 MG 2021 9-45 OM

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

Date & Time: 13 000 2021

Reporting Centre Perso DANIEL NRICATIN NO.: SXXX X 518D

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