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 29/03/2021 21:42 (SGT) Date of Accident 26/03/2021 03:00 (SGT) Exact Location of Accident Near KPE, Singapore Additional Location Information KPE TOWARDS CHANGI AIRPORT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC6638L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG SIAK PING NRIC No. SXXXX393E Email Address LUNGLESS2004@GMAIL.COM Mobile Phone No (Phone) +65-90112145 Alternative Phone No (Home) +65-65834579

VEHICLE PARTICULARS

Manufacturer Audi Model A5 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 Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900141337 Cover Note Number

DRIVER

Name of Driver NICOLE NG CHING YEE NRIC No. SXXXX284I

Date Of Birth 29/09/1994 Occupation Indoor Date Of Driving Pass 12/11/2015 Driving experience 5 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-90112145 Alt. Phone Number Email Address NNCYNICOLE@GMAIL.COM Address 15 ELIAS GREEN Address complement #06-01 Postcode 519966 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Parent 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 Property 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? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG KPE TOWARDS CHANGI AIRPORT. SUDDENLY I SAW AN ANIMAL DASHING OUT OF THE SIDE OF THE ROAD. I AVOID THE ANIMAL AND MY CAR HIT THE SIDE OF THE PROPERTY (RAILING WITH PLANTS). I STOP THE CAR ATTACHMENT(S)

OF THE SIDE OF KPE. MY CAR SIDE MIRROR WAS DAMAGE AND THE SIDE OF MY CAR SLID(FRONT TO THE REAR SIDE WERE DENTED. I WAS NOT HURT OR NO OTHER PEOPLE WAS HURT. THE ABOVE IS TO MY BEST OF MY KNOWLEDGE.

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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;

24/3/21 > 1842hrs

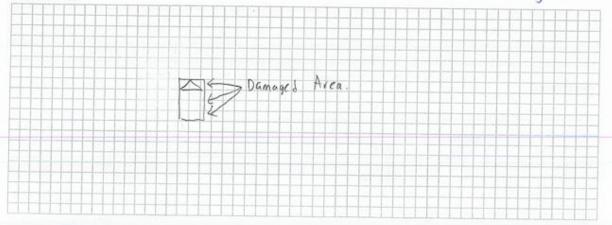
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery 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' 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel Ton Foog

Sketch Plan



9	was driving along KPE towards chang. Airport. ,
Su	olderly a suis on day downing on animal dashing out of the Rid
	f the road. I tested avoid the animals and my our
b	it the side of the property. (Railing with plants)
	stop the cor of the side of KPE. My car side MI
U	as damage and the side of my car slid the property ()
40	the set to the near side were dented.
	I was not hurt or no other people was hurt.
1	the above 18 to my bost of my knowledge.
_	
	THE COURSE OF TH
1107	

Declaration

We declare the foregoing particulars are true in every respect.

To42hms

Policyholder's Signature / Date & Time

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

TIO TO THE STATE OF THE STATE O

Witnessed by Reporting Centre Personnel Tuny Foog



