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.

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 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 30/03/2021 11:38 (SGT) Date of Accident 29/03/2021 17:52 (SGT) Exact Location of Accident Near 18 Airport Rd, Singapore 539940 Additional Location Information AIRPORT ROAD BEFORE KPE ENTRANCE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMV83747

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JIANG JING NRIC No. SXXXX621E Email Address JIANGJING@GMAIL.COM Mobile Phone No (Phone) +65-91910698 Alternative Phone No +65-91910698

VEHICLE PARTICULARS

Manufacturer

Model Q3 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070147041 Cover Note Number

DRIVER

Name of Driver JIANG JING NRIC No. SXXXX621E Date Of Birth 30/01/1984 Occupation Indoor Date Of Driving Pass 19/03/2014 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-91910698 Alt. Phone Number +65-91910698 Email Address JIANGJING@GMAIL.COM Address 193 EDGEFIELD PLAINS Address complement #08-214 Postcode 820193 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 Side Swipe 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING IN THE SECOND LAND FROM THE LEFT AND CROSSING A TRAFFIC JUNCTION, A LORRY SUDDENLY CUT FROM THE 3RD LANE (FROM THE LEFT) TO 2ND LANE WITHOUT SIGNAL AND HIT MY CAR. 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	YP9965B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Goods vehicle
Name of Driver	_
Contact Number	-
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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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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)

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' 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 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances	of the Accident	
I was driving junction. A lo	in the 2nd land from the left and iny suddenly cut in from the 3re without Signal and hit my car.	Covering a fraffic I lame (from the left)
	A Section 1	
Declaration		
We declare the foregoing particula	rs are true in every respect.	THE LID W
2/2		JIM
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre















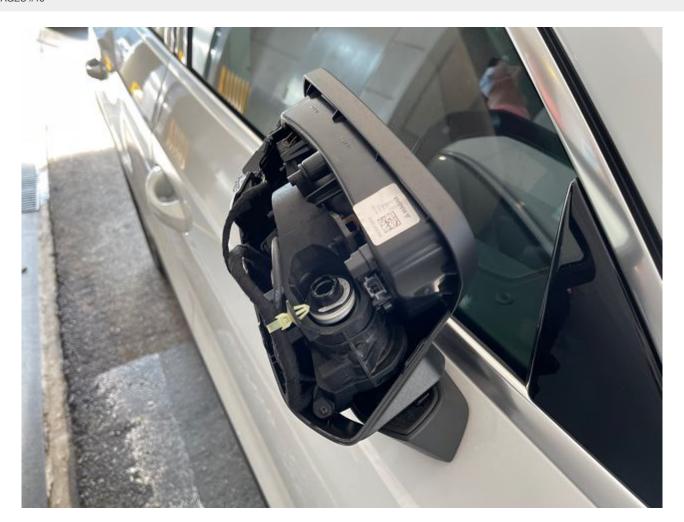










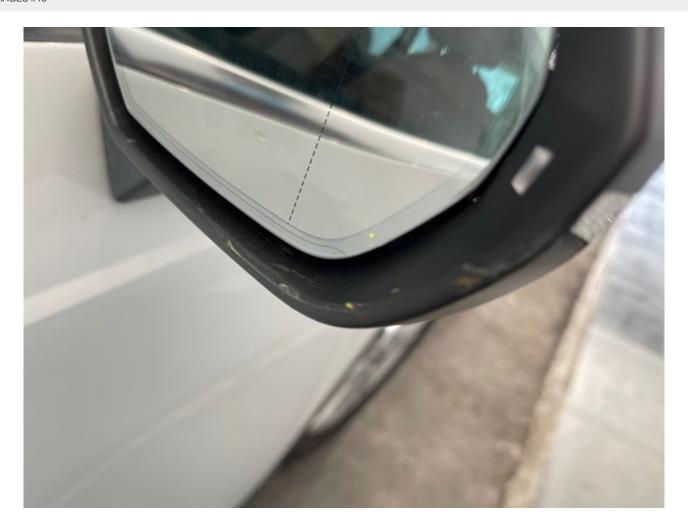


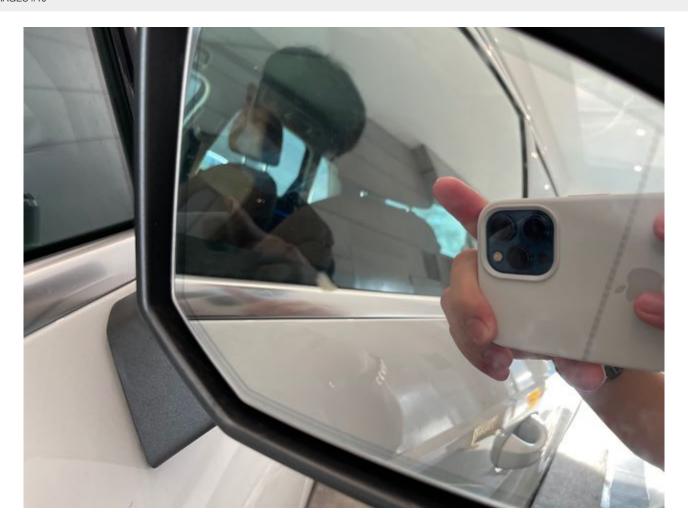




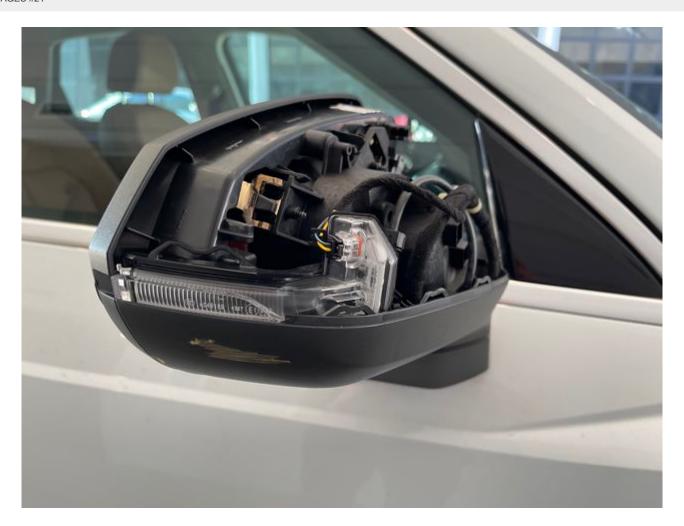




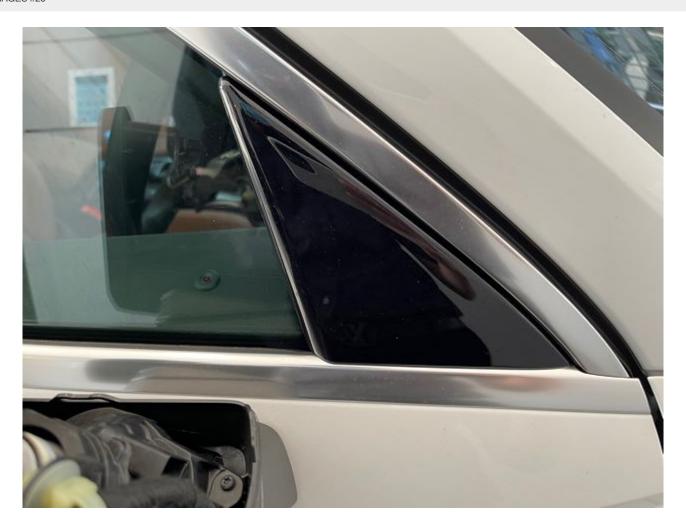
































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665S0020G / GST Reg. No.: M400017735

		AD	DENDUM	
A) P	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
0	riginal Report No	: SP0R213U0001	Vehicle Registration No:	SMV 8374 Z
Na	ame(as shown in NRIC	: JIANG JING	NRIC/FIN/Passport No:	S8474621E
		ehicle Owner) (*) Please de		
Ad	ddress	: 193 EDGEFIELD PLAII	NS #08-214	Singapore(820193
Co	ontact (Tel)	:	Mobile No. :_ 9191 0698	3
En	mail Address	: JIANGJING@GMAIL	сом	
Da	ate of Accident	29/3/2021	Time of Accident :17:5	2
Pla	ace of Accident	AIRPORT ROAD BEFO	DRE KPE	
In	surance Company	, AIG		
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Ih m:	licyholder / Driver	t on the above mentioned a amendments: DITIONAL PICTURES FO	R ACCIDENT REPORT.	nnel's Signature