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 05/04/2021 11:07 (SGT) Date of Accident 03/04/2021 10:21 (SGT) Exact Location of Accident Singapore Additional Location Information **BUKIT BATOK EAST AVE 4** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SK74848C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH LAY HOON NRIC No. S1106795F Email Address kiathoon55@gamil.com Mobile Phone No (Phone) +65-96213724 Alternative Phone No +65-96213724

VEHICLE PARTICULARS

Manufacturer Nissan Model Teana 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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 210044*9319 Cover Note Number

DRIVER

Name of Driver LOH HAN KIAT NRIC No. S1175281J

Date Of Birth 26/07/1955 Occupation Indoor Date Of Driving Pass 26/04/1978 Driving experience 43 YEARS Gender Male Mobile Number (Phone) +65-96655132 Alt. Phone Number Email Address kiathoon55@gamil.com Address 73 HUME AVENUE #03-06 Address complement Postcode 598747 Is the driver the policyholder? Nο 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 - Major/Minor Rd 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? 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? 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? Nο 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? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMR4600T Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	MR EE
Contact Number	(Phone) +65-90505733
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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) of:
 - 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:

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

Date & Time:

Reporting Gentre Personnel's Signature

NRIC/FIN No.:

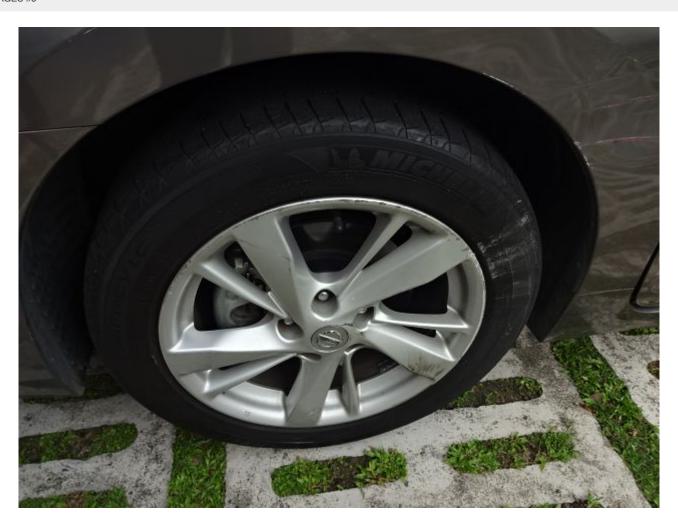
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ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
Accident Location :			
Accident Date :		Accident Tim	ne: am/pm
Owner Email:		Driver Email:	
happen.	St. Jak	Sudenly	the accident War
- OTHER VEHICLE INVO	OLVE DETAILS:		
Veh No: SMR 46091		c: Driver Nam	200
Ven No: Hr			
ECLARATION 11). гал	Driver Nam	ie.
We deflare the foregoing particula	ors are true in every respect.		
V	\ Q		
vlieuholder's Signature	Driver's Singature		Reporting Centre Personnel's Signature
olicyholder's Signature ate & Time:	Driver's Signature		vehoroug centre cossourers signature





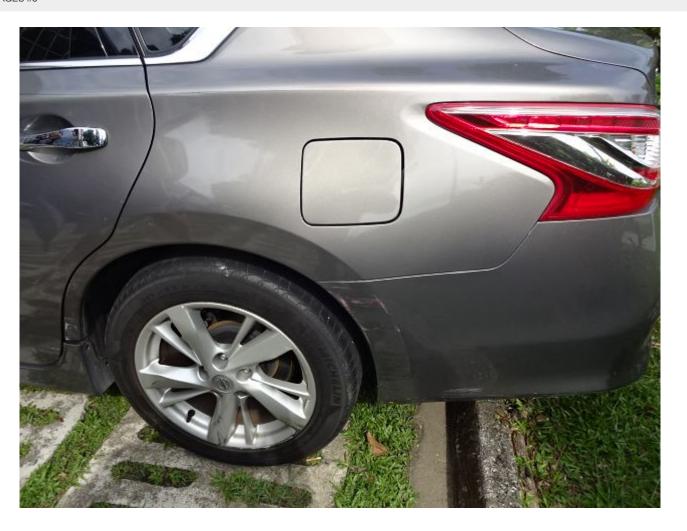






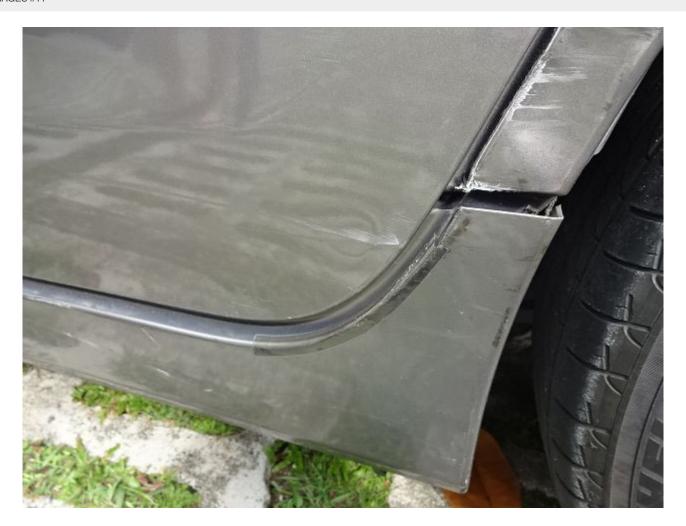


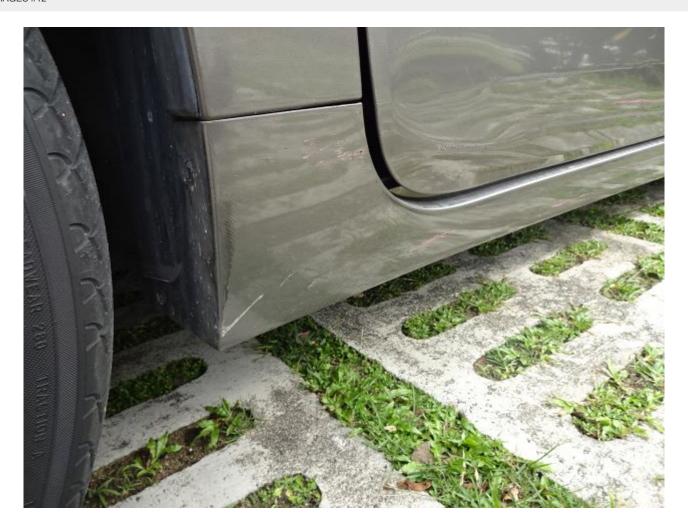












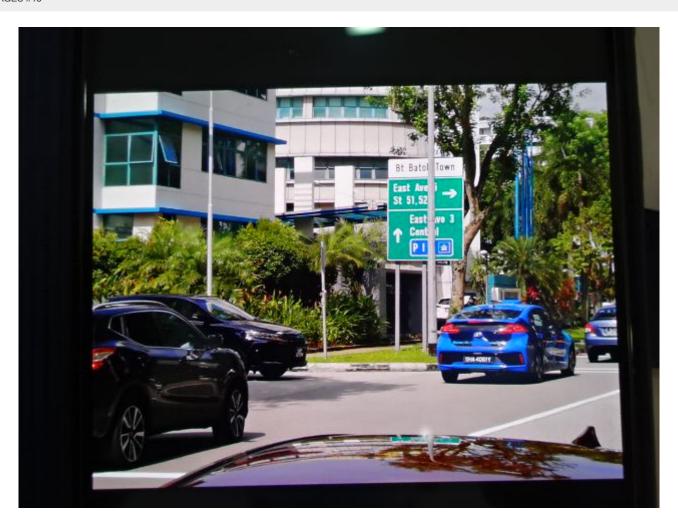




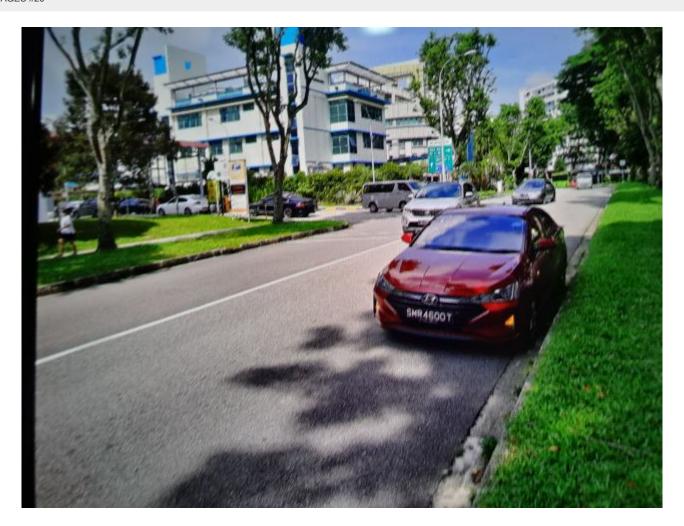




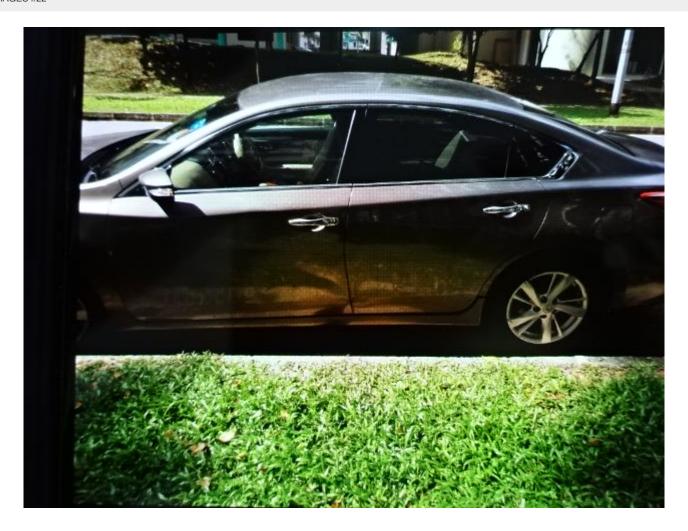


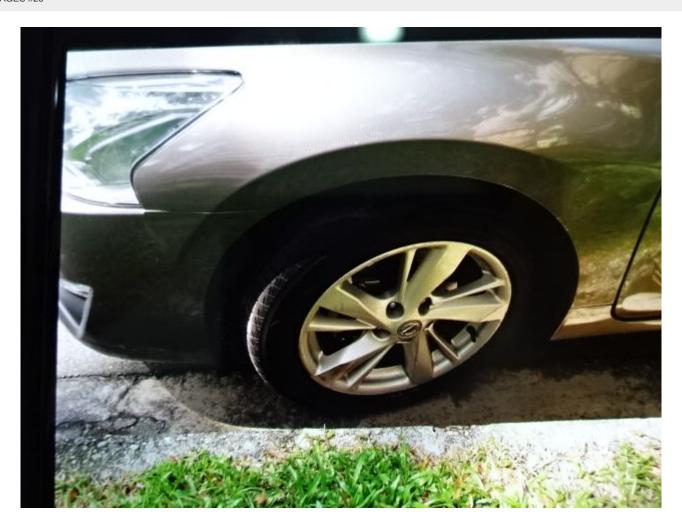




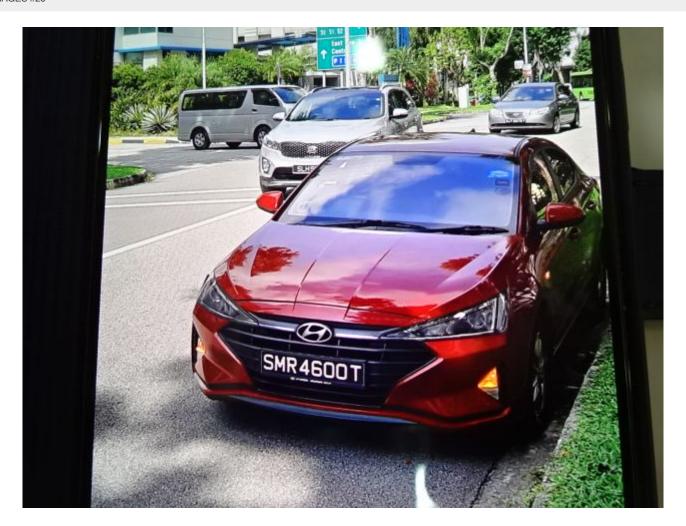






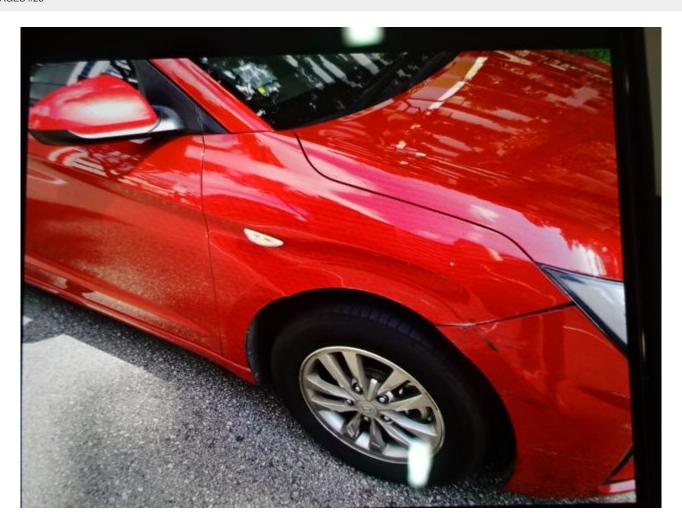


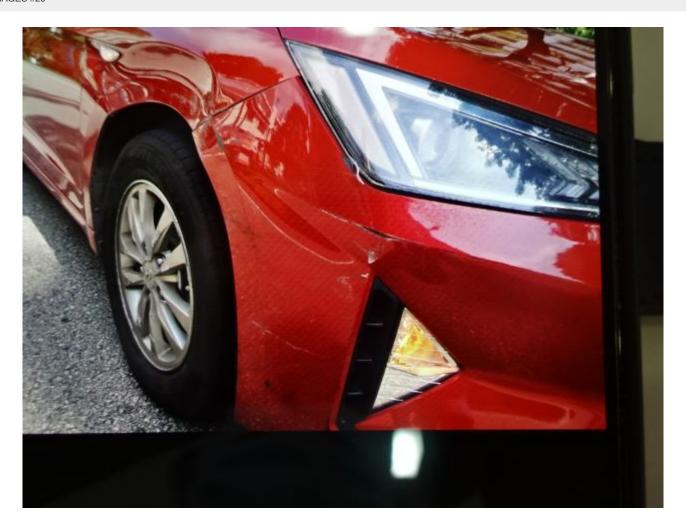


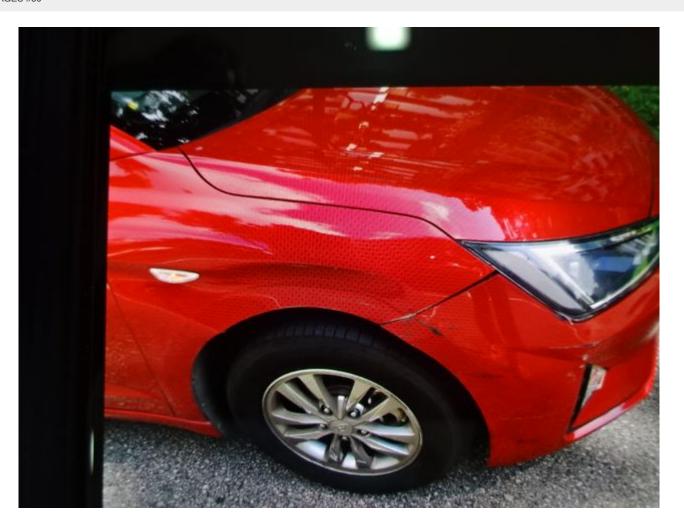


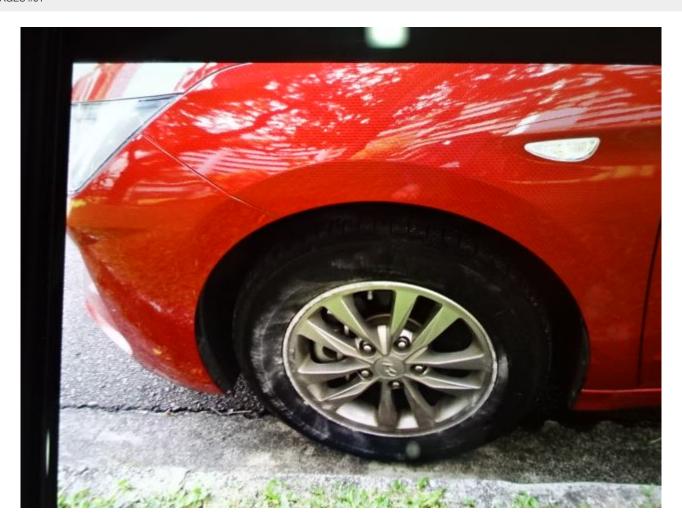
















Police Station Of Origin: Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

T/20210406/2072

Report No. T/20210406/2072

1 of 3

Date/Time Report Made: Vide Report No .: Station Diary No.: 06/04/2021 14:26 Informant's Particulars Name of Informant: Address: 73 HUME AVENUE #03-06 SINGAPORE 598747 LOH HAN KIAT ID Type / ID No.: Contact No.: NRIC NO / S1175281J Home/Office: Mobile: 96655132 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Type of Informant: Age: 65 Male 26/07/1955 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: RETIRED Class: 3 Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2021 10:00	Type of Location: Straight Road	
Weather:	K EAST AVENUE	Road Surface:		Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:	
Trainie Trown.	Not Controlled			Moderate	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ4848C	Car				Seriously Damaged	0
SMR4600T	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20210406/2072

Report No. T/20210406/2072

2 of 3

Police Station Of Origin: Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver						
Name	LOH HAN KIAT		ID No.		S1175281J	
Related Vehicle	SKZ4848C (Car)		Contact No.		96655132	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date			charge NIL		
No. of Days gran			Degree of	egree of Injury NIL		
Driver				- Weezn		
Name	EE SEE CHIEW		ID No.		S1743317G	
Related Vehicle	SMR4600T (Car)			Contact No.		90505733
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On 03/04/2021 at about 1000hrs, I was driving my car Reg:SKZ4848C exiting from the carpark beside Bukit Batok NPC and turning in to Bukit Batok East Avenue 4. Before turning right out of the Carpark gantry, I checked left and ensure that there is no car coming from the left side. However right after turning out of the carpark, another car(V2) Reg:SMR4600T side swiped the left side of my car. My car suffered serious damage after the accident, V2 suffered slight damages. After the accident, we exchanged particular and I checked with V2 driver , if he is injured but he informed that he did not suffer any injuries and claims that if there is no injury there is no need to make a police report. My car has in-car camera, but the camera SD card has been handed over to my insurance company.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999 3 of 3 Report No. T/20210406/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 3 JACKY ONG CHUN HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2021 14:26
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No. 654767858	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	



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: S66S50020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: S70W2145000 | Vehicle Registration No: SKZ4848C Original Report No : NRIC/FIN/PassportNo: S11067957 Name(as shownin NRIC): KOH 400N (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Hume Ave # 03-06 Singapore (19874) Address Contact (Tel) Krathoon 55 & smart. Com **Email Address** 03/04/2021 Time of Accident: 10 21 am Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: See attached Police Report

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name:

Name: NRIC/FINNo.:

Date: