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 06/04/2021 17:40 (SGT) Date of Accident 06/04/2021 14:30 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN BUKIT MERAH, LAMPOST 109 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC9071P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH SIN KOK** NRIC No S7228774F Email Address ARTHURGOH@HOTMAIL.COM Mobile Phone No (Phone) +65-96329919 Alternative Phone No +65-96329919

VEHICLE PARTICULARS

Manufacturer Audi Model SQ5 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 2964

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800108579-02 Cover Note Number

DRIVER

Name of Driver **GOH SIN KOK** NRIC No. S7228774F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	09/08/1972 Indoor 12/10/1993 27 YEARS AND 6 MONTHS Male (Phone) +65-96329919 +65-96329919 ARTHURGOH@HOTMAIL.COM 141 LORONG 2 TOA PAYOH #13-154 S311141 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender	No 2 No - Yes 2 No MOK JIA FENG Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	10 Ubi Avenue 3 Singapore 408865
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHD813E

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
	-
	-
Vehicle Category	Taxi
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)	_
5	

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Declar	ation									
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		2011		1					10.	
olicyhok īme	der's Signature	/ Date &	Driver's S & Time	ignature (If d	river is not th	e policyholder	r) / Date V	Vitnessed by f Yersonnel	Reporting Cent	re

SKETCH PLAN

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.
- 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.
- 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.
- 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;
- (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")

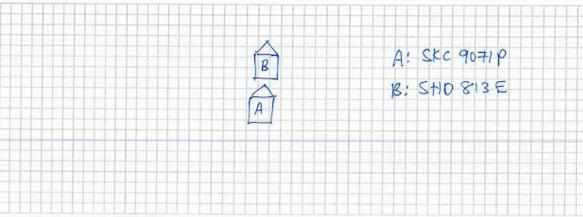
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

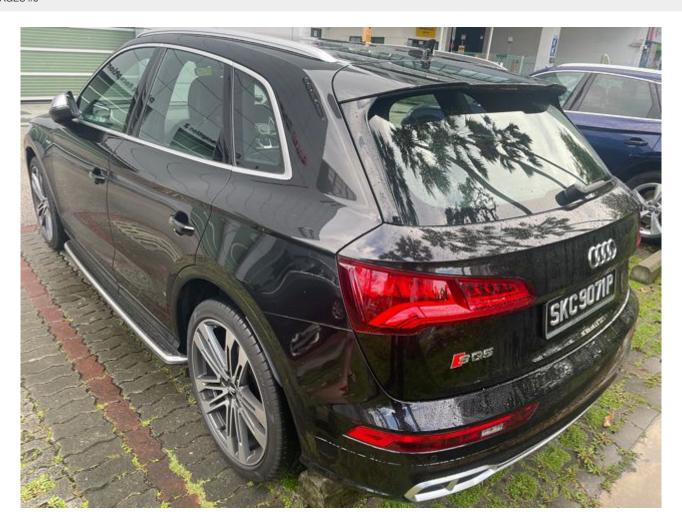


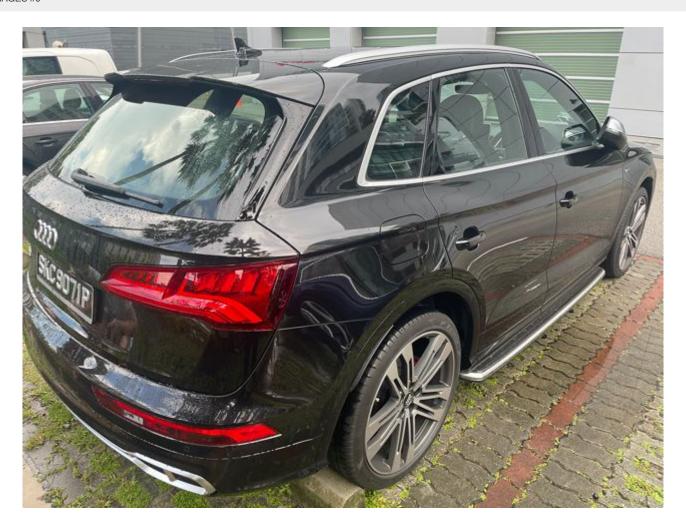
















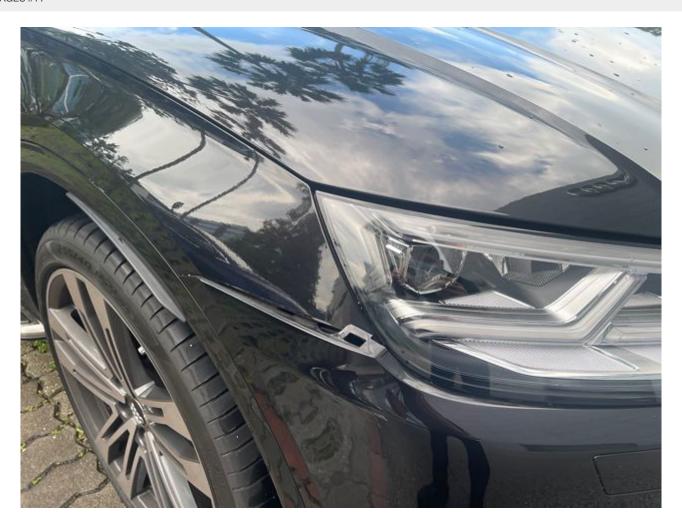






























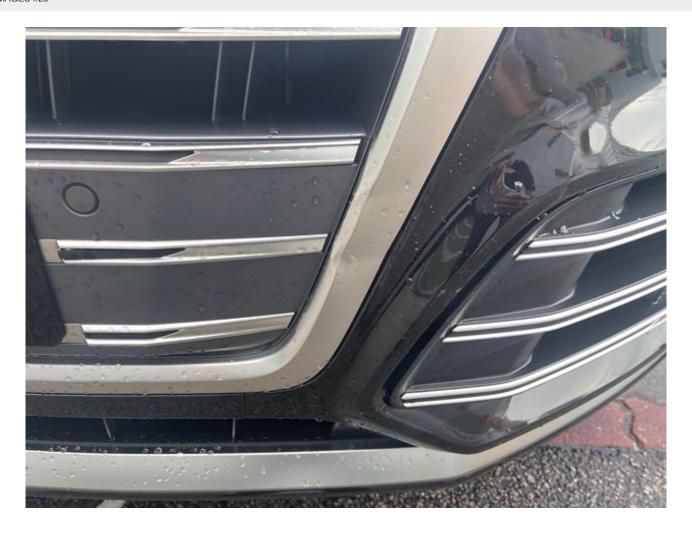




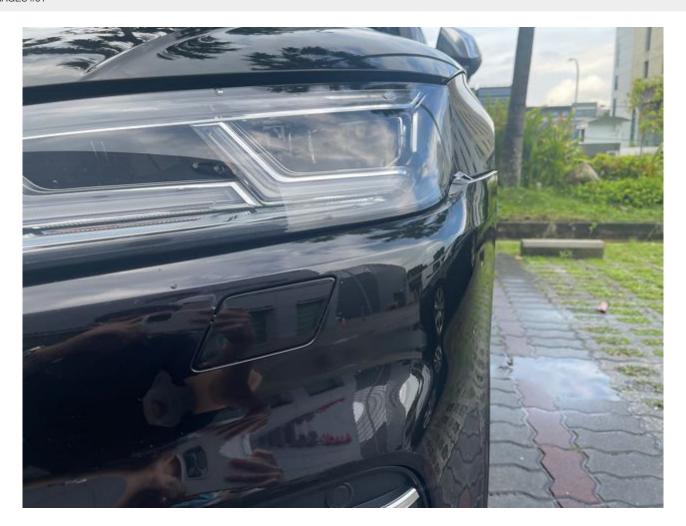








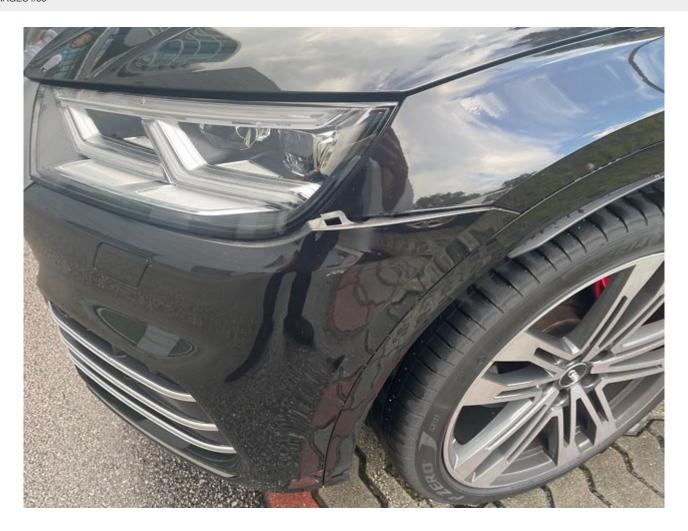






















SINGAPORE POLICE FORCE



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	10406/		IIIII
17202	10400/	2100	

1 of 3

Report No. T/20210406/2108

-			
REPOR'	T OF A	TRAFFIC	ACCIDENT

	021 16:57	viade:	Vide Report No.: A/20210406/0081	Station Diary No.:
Informa	int's Partic	ulars		The Rock Section is 1956 in 1979.
Name o GOH SI	f Informant: N KOK		Address: 141 LORONG 2 TOA PAY SINGAPORE 311141	OH #13-154 TOA PAYOH HEIGHTS
	/ ID No.: O / S72287	74F	Contact No.: Home/Office:	Mobile: 96329919
National SINGAP	ity: ORE CITIZ	ŒN.	Email:	
Sex: Male	Age: 48	Date of Birth: 09/08/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat Compan	ion: y director		Driving Licence Information Class: 3	Date of Expiry:

General Infor	mation of the Accid	ent		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/04/2021 14:30	Type of Location:
Location: JALAN BUKI Weather: Clear	T MERAH	Road Surface: Dry		Road Speed Limit;
Traffic Flow:		Traffic Control:	1	raffic Volume:
Type of Collis	ion:		а	Anyone conveyed by imbulance:

Details of V	ehicle Invo	lved			article and the second	N. C. State of State and State
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD813E	Car				- Containent	0
SKC9071P	Car	AUDI	SQ5 3.0	Black		0
			(PSR)			

Details of Vo	ehicle Insurance		sells a sure de	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210406/2108

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9071P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800108579-02	17/08/2020	16/08/2021

Details of Perso	on involved		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	224 (33)	THE REL	
Any Pedestrian I	nvolved: No					- Charles and a second second second
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver				and the		
Name	GOH SIN KOK			ID No).	S7228774F
Related Vehicle	SKC9071P (Car)			Contact No.		96329919
Hospital/Clinic	NIL	NIL			of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	1 .	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING STRAIGHT ALONG JALAN BUKIT MERAH ROAD AS I WAS TRAVELLING, THERE WAS TAXI VEHICLE RIGHT INFRONT OF ME WENT TO MAKE A COMPLETE STOP OUT OF THE SUDDEN. UNFORTUNATELY I DID NOT MANAGE TO BRAKE ON TIME AND COLLIDED INTO THE BACK PORTION OF THE TAXI VEHICLE. THE FRONT PORTION OF MY VEHICLE WAS SLIGHTLY DAMAGED. I WAS NOT INJURED. I HAD PHOTOS OF THE INCIDENT. THAT IS ALL.



SINGAPORE POLICE FORCE



Report No. T/20210406/2108

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP /

SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIA /

Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp NP168

Signature Of Informant:

Date/Time:

06/04/2021 16:57

Classification Of Case:

SINGAPORE OLICE FORCE

Signature: