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 03/05/2021 09:53 (SGT) Date of Accident 01/05/2021 09:30 (SGT) Exact Location of Accident Singapore FILTER LEFT LANE FROM FORT ROAD TO TANJONG RHU Additional Location Information ROAD OUTSIDE THE WATERSIDE CONDO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU9917G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAY HONG CHIN REGINA NRIC No SXXXX515E Email Address REGINA_TAY@HOTMAIL.COM Mobile Phone No (Phone) +65-98424881 Alternative Phone No (Home) +65-98424881

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party 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 Nο Policy Number 2070121219 Cover Note Number

DRIVER

Name of Driver TAY HONG CHIN REGINA NRIC No SXXXX515E Date Of Birth 05/07/1975 Occupation Indoor Date Of Driving Pass 08/09/2003 Driving experience 17 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-98424881 Alt. Phone Number (Home) +65-98424881 Email Address REGINA_TAY@HOTMAIL.COM Address 17 KING'S CLOSE Address complement Postcode 268194 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 Collision - Head to Rear 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 ATTACHED SEKTCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBB2666G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 CHONG KIM LONG

 Passport No/FIN
 GXXXX124W

 Contact Number
 (Phone) +65-86117301

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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.
- 5. 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 Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN Road Rhu anjong DESCRIBE CIRCUMSTANCES OF THE ACCIDENT slip road from Fort Road, turning was driving along Tanjong Rhu Road. I stopped Road Rhy pass behino

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



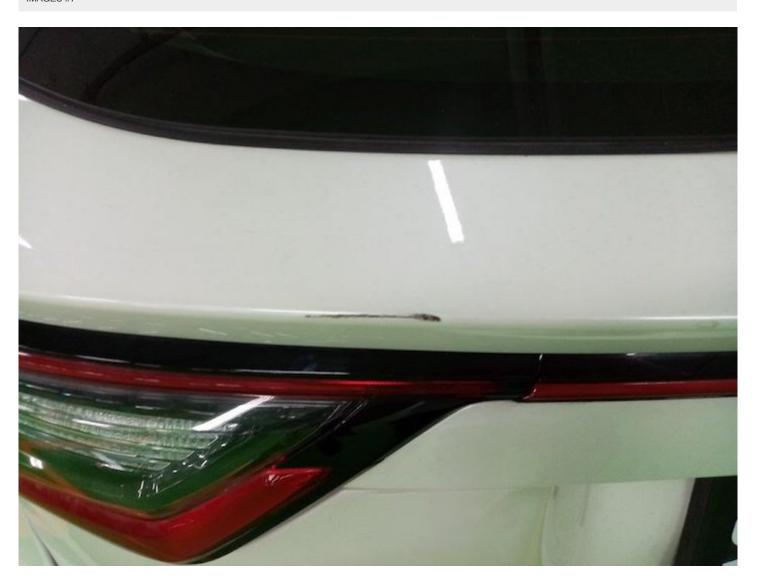
















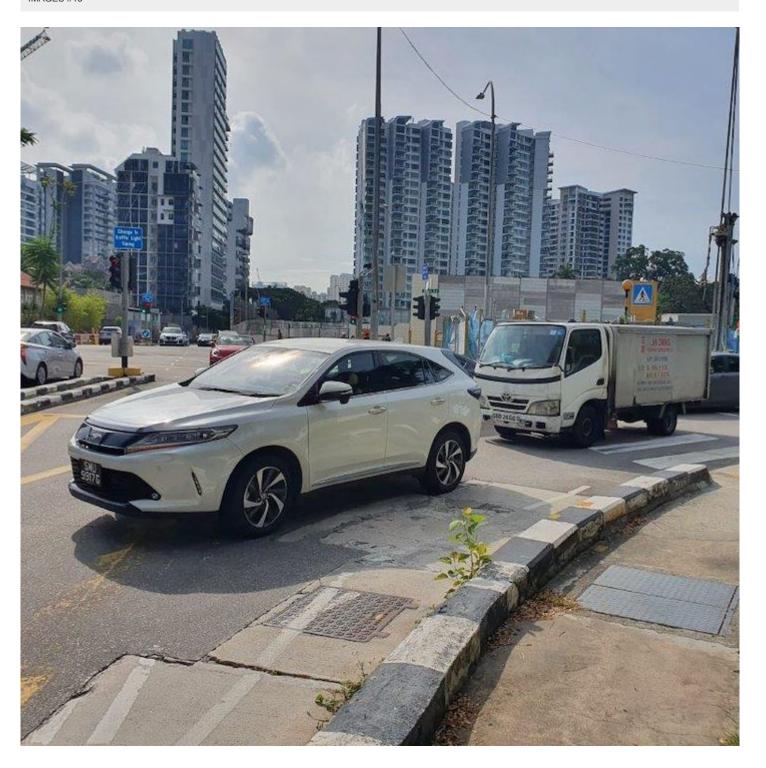




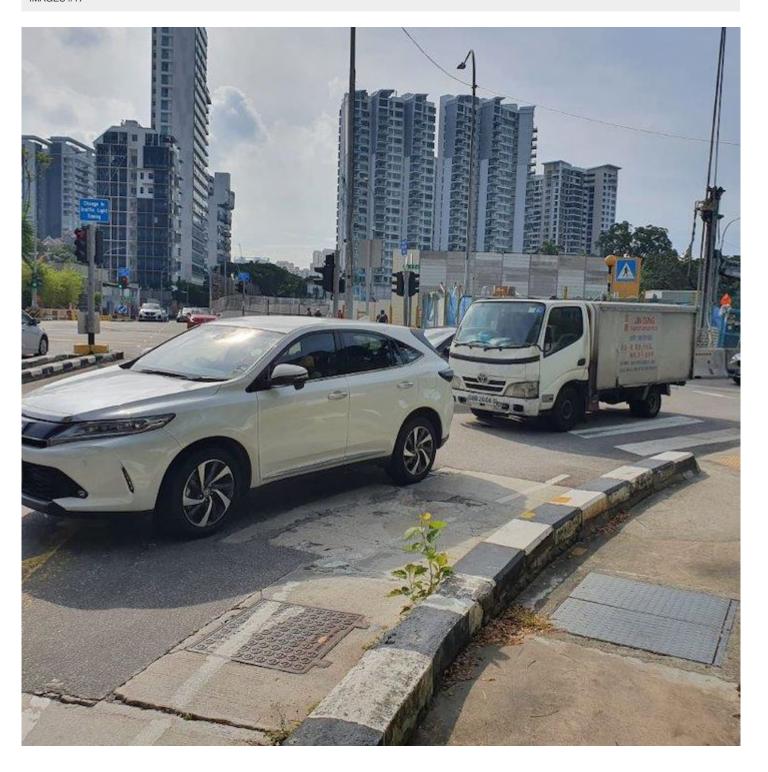






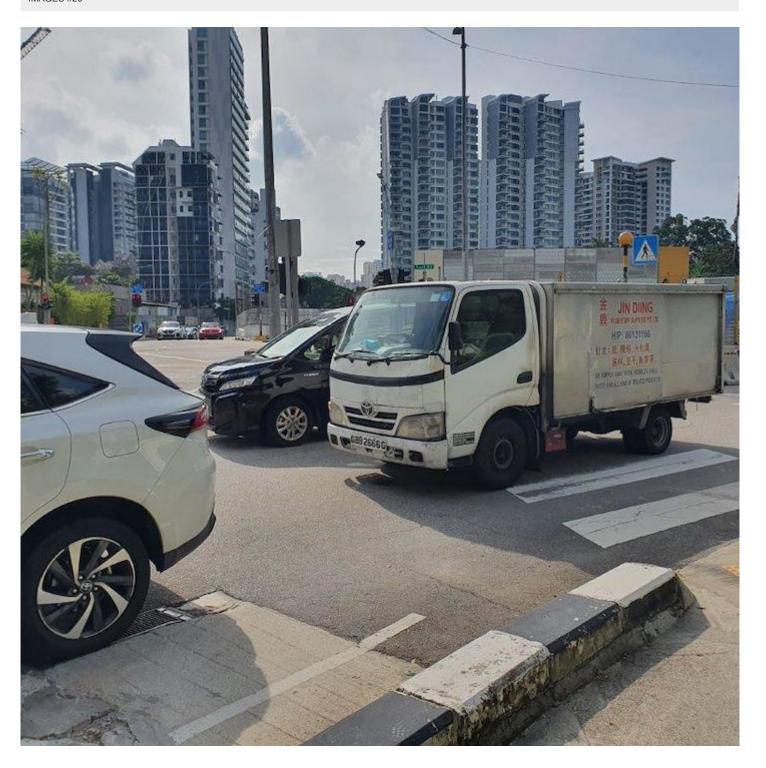




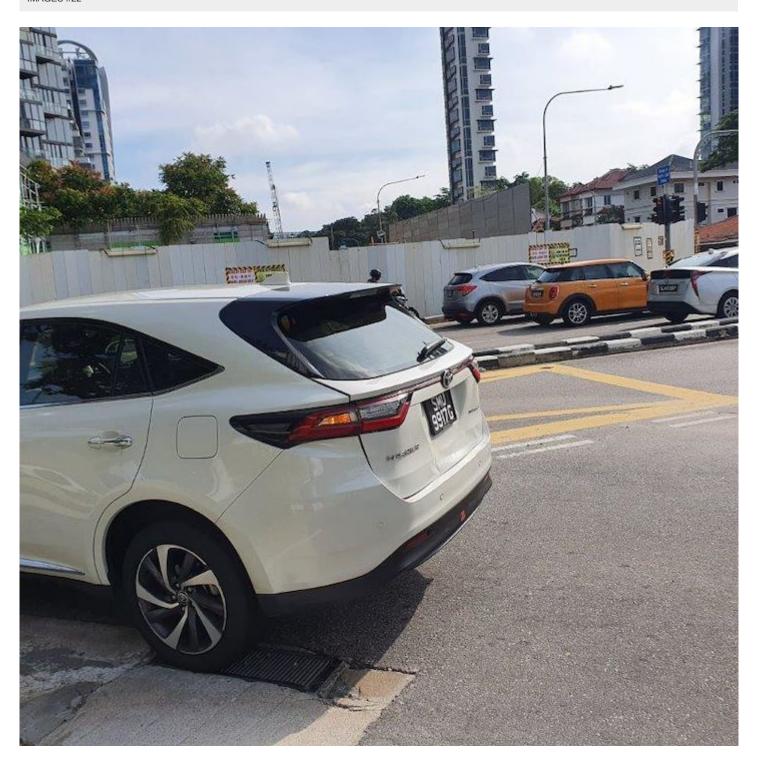




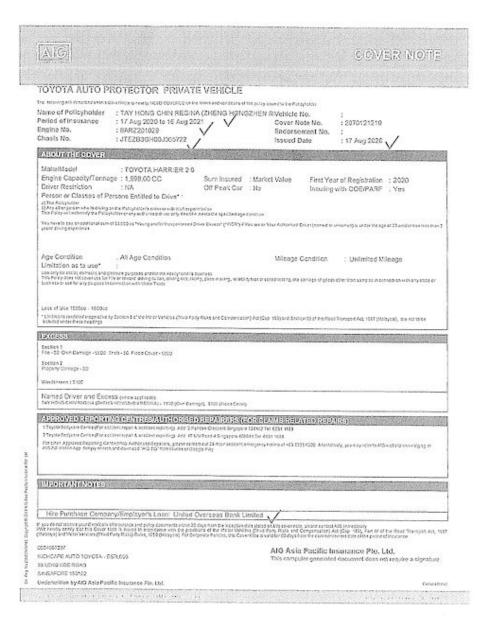














MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Tay Hong Chin Regina
VEHICLE NUMBER	: SMU 9917 G
DATE/TIME OF ACCIDENT	: SMU 9917 G : 01 May 2021, 9:30 am
PLACE OF ACCIDENT	: Slip road from Fort Rd to Tan
THIRD PARTY VEHICLE (IF ANY)	
在安徽安徽的安全安全安全安全安全安全的安徽的安徽安全安全安全安全安全	我实现有变效的方式会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会
DESTINATION BEFORE THE ACCI	Siak Road intending to go
NO. —	DN AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Refined The Above Information Is G	0

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000