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 23/06/2021 10:31 (SGT) Date of Accident 22/06/2021 15:05 (SGT) Exact Location of Accident Victoria St, Singapore Additional Location Information **TOWARDS MANILA STREET** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SMH2567Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ACE FLEET MANAGEMENT PTE LTD Company Reg No 2XXXXX914N Email Address spoon vins@hotmail.com Mobile Phone No (Phone) +65-92323494 Alternative Phone No +65-91991529

VEHICLE PARTICULARS

Manufacturer

Model Cerato Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 999993781 Cover Note Number

DRIVER

Name of Driver **TIEW CHING HUA** NRIC No. SXXXX290D

Date Of Birth 01/03/1963 Occupation Outdoor Date Of Driving Pass 13/08/1980 Driving experience 40 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91991529 Alt. Phone Number Email Address spoon_vins@hotmail.com Address BLK 401 CHOA CHU KANG AVENUE 3 #06-203 Address complement Postcode 680401 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer 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 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** S

Vehicle Registration Number	SMP2866S
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	-



ostcode	_
surance Company Name	_
ature Of Damage	_
etails of property damaged in accident	_
o. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 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 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)

l 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.

ANAGE WENT OF THE PROPERTY OF

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VehicleR: SMP2866(

Describe Circumstances of the Accident

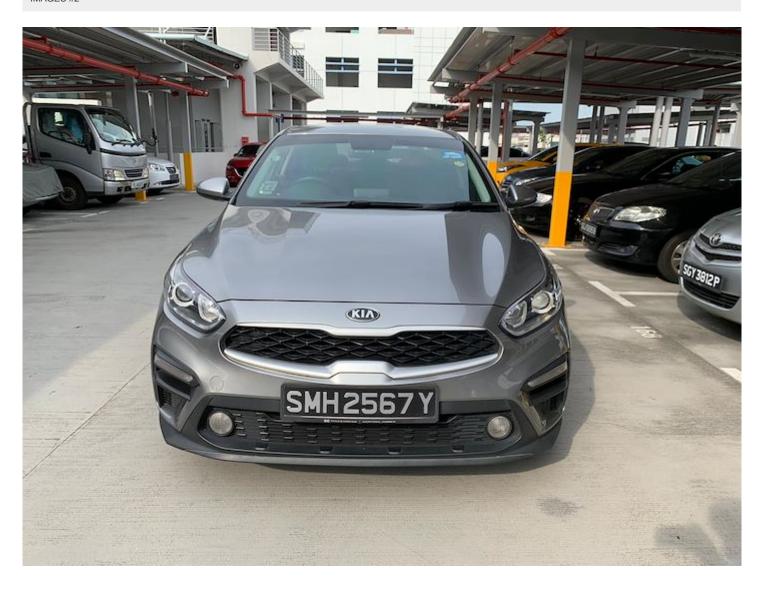
on the stated date & time, I, vehicle A (SMH) stay) was travelling at the stated
ation, as I turn on my signal and turn to the right, suddenly, I felt an impact from the
r pight partion of my ushide. I alighted K realised vehicle B(SMP 2066) collided onto the sour
all portion of my vehicle causing damages.
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claration declare the foregoing particulars are true in every respect

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel









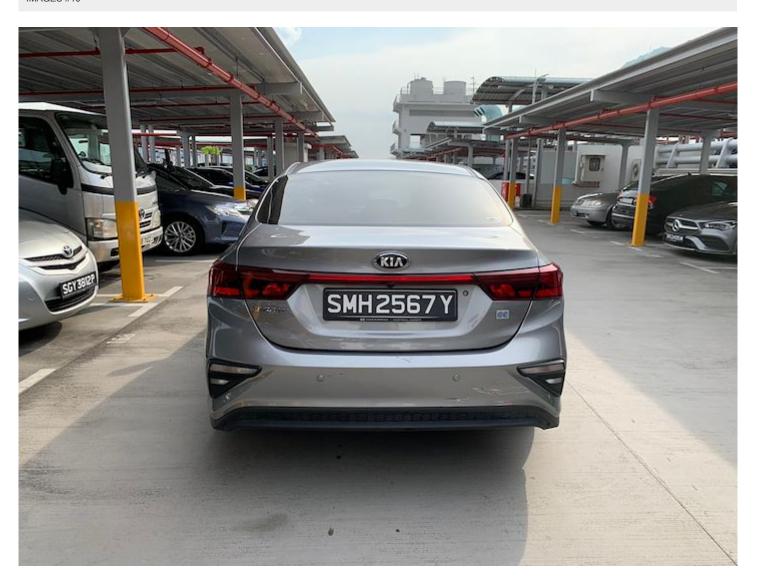














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MAIN HIRER NAME: Tel Ching Hua NRICIPASSPORT NO.: 2 1597990 D.O.B: 01-03-19(2) NEXT OF KINS: Lim lay lau Tel: (1517992 ADDRESS: Hol Gua (Im laury Ave the the the the the the the the the th	Kindly fill up all of the details below	
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ADDRESS: Hol Clar (Int lang Ares #06-303 \$686481 CONTACT NO.: (197) 521 RENTAL DEPOSIT: \$500 - DATE OF COMMENCE: (1-01-302) RELIEF DRIVER: TEL: ADDRESS: RENTAL PER DAY: \$60 - EMAIL ADDRESS: CONTRACT VAILDITY: \$600 - 2)INSURANCE 1" PARTY EXCESS \$1800 - 2)INSURANCE 2" PARTY EXCESS \$1800 - 2)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED SYMNDSCREEN EXCESS Back Front Front Hire'S Signature Hire'S Signature	NEXT OF KINS	TEL:
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