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 05/07/2021 15:52 (SGT) Date of Accident 04/07/2021 12:55 (SGT) Exact Location of Accident Near 67 Hill St, Singapore 179370 Additional Location Information FUNAN MALL PICKUP/DROP OFF POINT ALONG HILL STRET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2000

Vehicle Registration Number SI R6738D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SETO WAI ZONG BENJAMIN NRIC No. SXXXX946D Email Address Benjiseto@yahoo.com.sg Mobile Phone No (Phone) +65-90403818 Alternative Phone No +65-90403818

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700043392-03 Cover Note Number

DRIVER

Name of Driver **SETO WAH** NRIC No. SXXXX294Z Date Of Birth 07/05/1959 Occupation Indoor Date Of Driving Pass 04/06/1981 Driving experience 40 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91117526 Alt. Phone Number Email Address Benjiseto@yahoo.com.sg Address BLK 622 BEDOK RESERVOIR ROAD #11-1502 Address complement Postcode 470622 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Male PASSENGER 3 Name Gender Male PASSENGER 4 Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

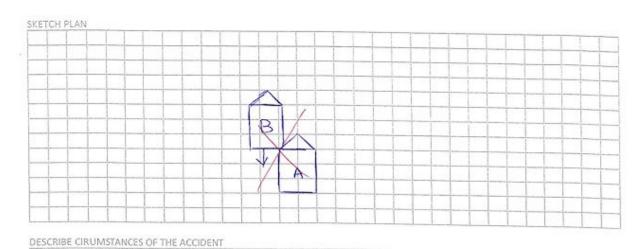
Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB711B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver PONG TECK HUAT ANTHONY NRIC No SXXXX630I Contact Number (Phone) +65-94370664 Address Address complement Postcode Insurance Company Name Nature Of Damage SLIGHT DAMAGE Details of property damaged in accident **REAR PORTION** No. Of Passenger (Including Driver)



I had Stopped at the pick up point to pick up my son and grandson. A SMRT taxi (SHBTIIB) was reversing and I noticed is was
coming very close to my car. I immediately homed and tx stopped
I come out to check and noticed that the tx had already bumped
into the left part of my car. I exchanged particulars with
the tx driver, took photos and left. my car was stationary
when vehicle B reverse and hit my car on the front left

* KINDLY REFER TO ATTACHED VIDEO FOOTAGE

*	VEH	A	1	SLR	6738D	SUBARU
*	VEH	B	ŗ	SHB	711 B	 TOYOTA

DECLARATION

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

Policyholder's Signature

Awah Driver's Signature

Reporting Centre Personnel's Signature

SKETCH PLAN

IMPORTANT NOTICE

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- 7. 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.
- 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:
 - (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' 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:

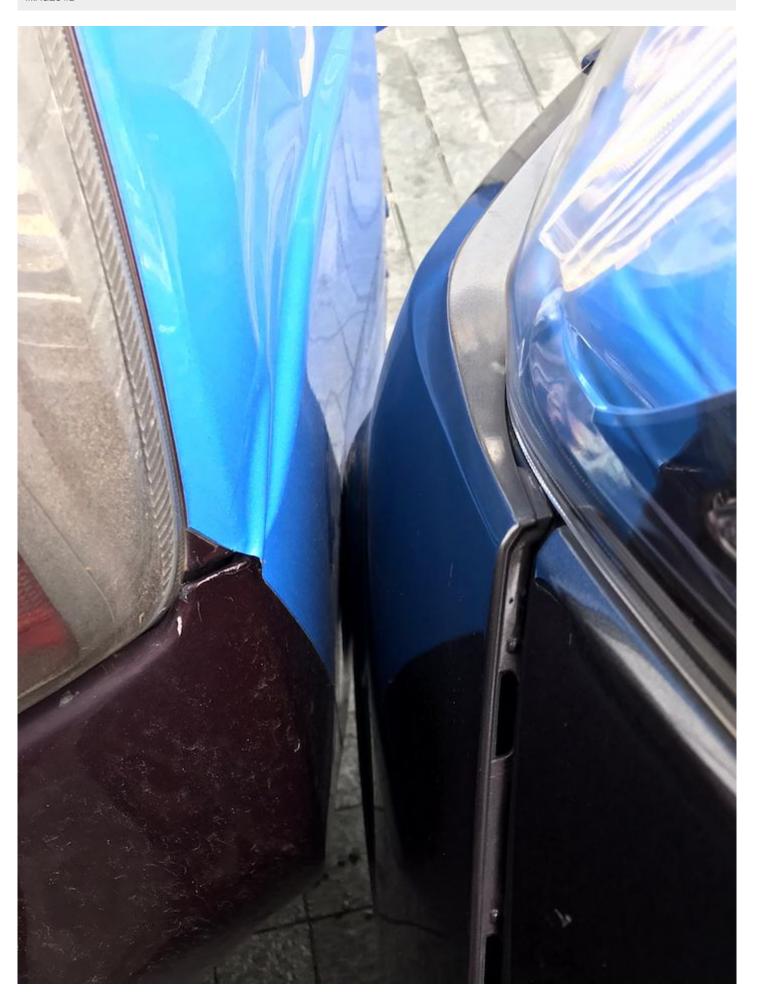
Driver's Signature (If driver is not the policyholder)

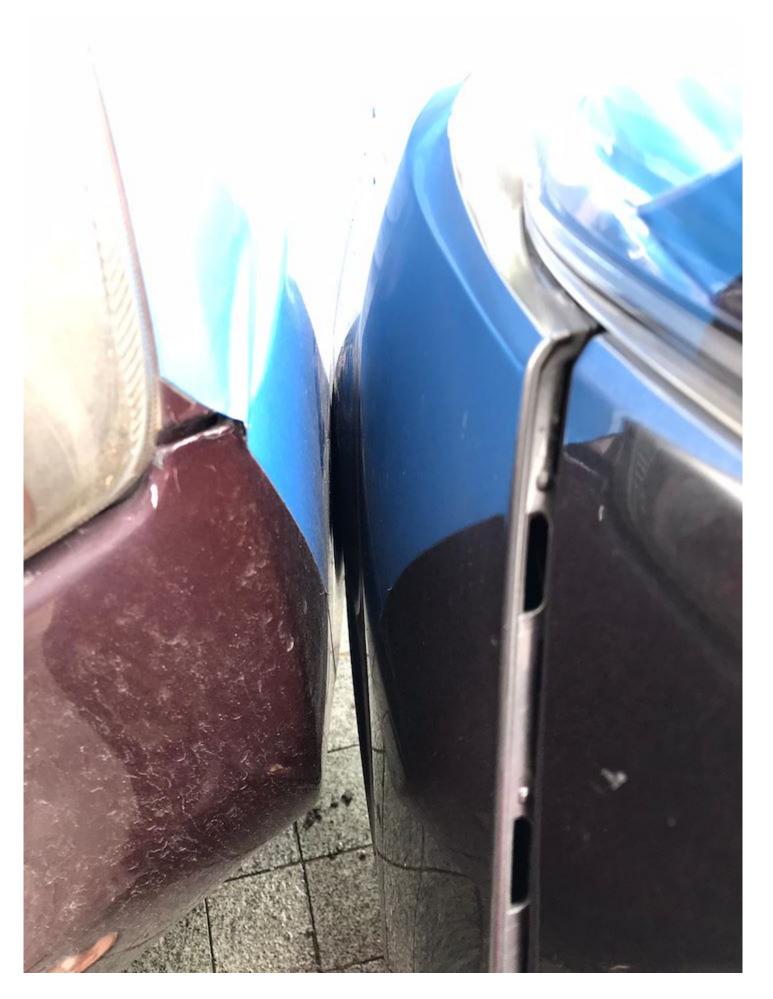
Date & Time:

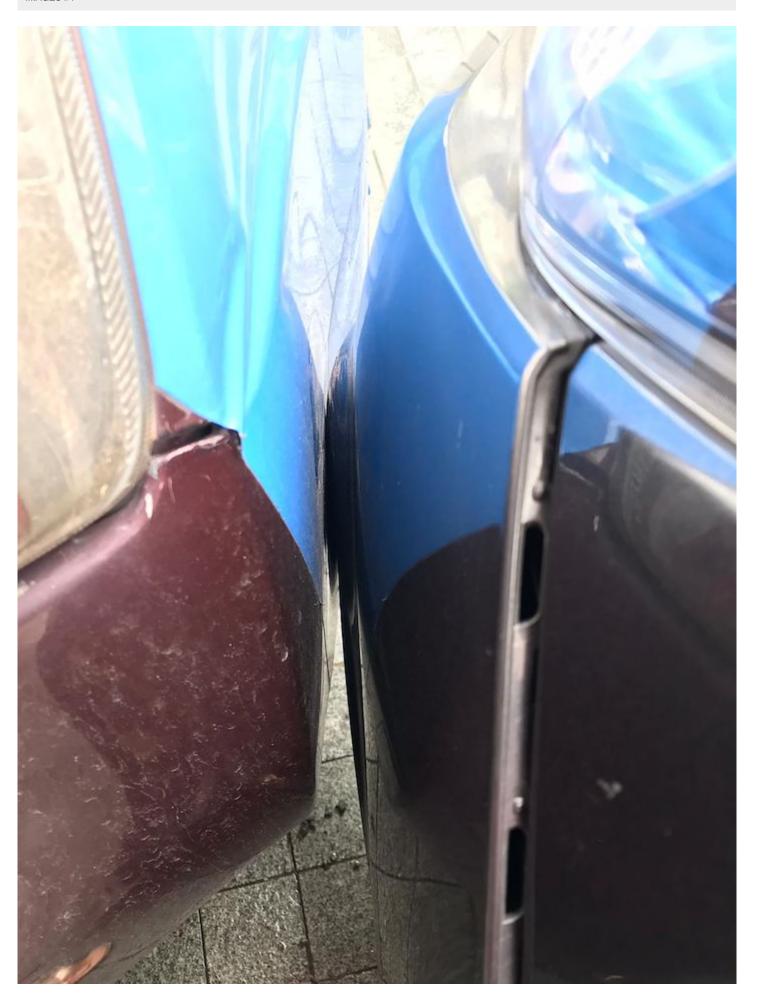
onnel's Signature

NRIC/FIN NO -





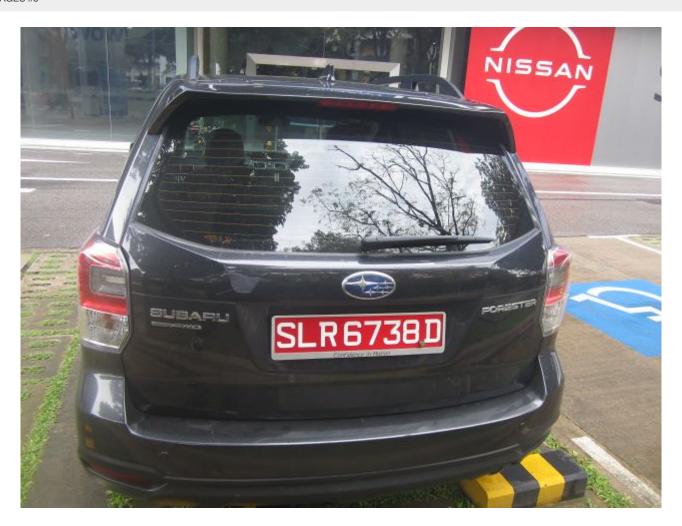






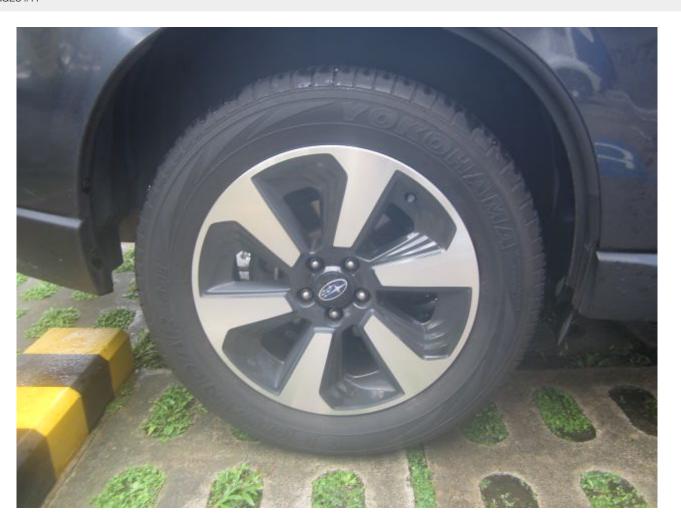














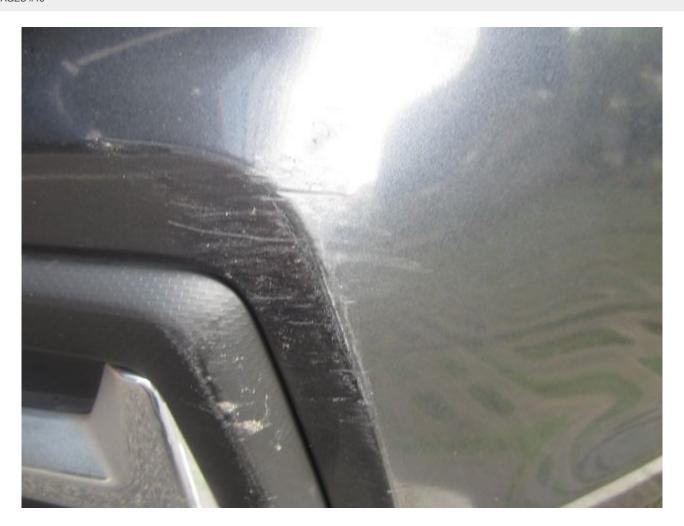






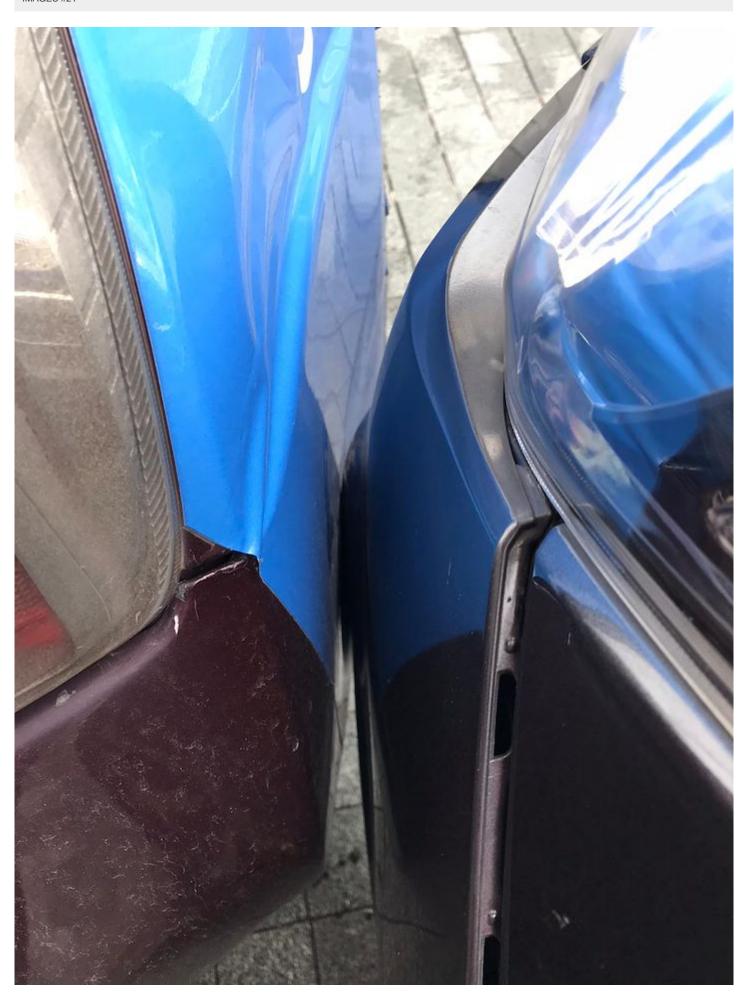


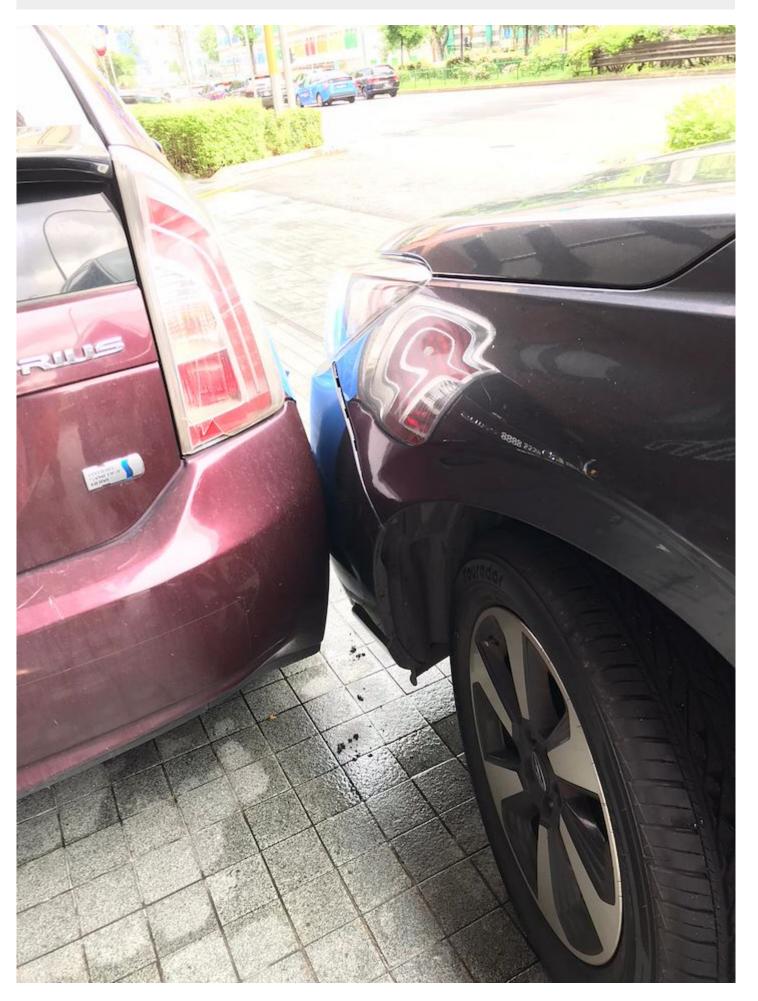
















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762

Tel No:1800-2240000

Report No. A/20210704/7007

Date/Time Report Made 04/07/2021 14:56	Vide Re	port No.		Station Diary No.
Name Of Informant SETO WAH	Address 622 BEI 470622		RVOIR ROAD #11	-1502 SINGAPORE
ID Type / ID No. NRIC NO / S1364294Z	Contact Home/C		Mobile: 91117526	
Nationality SINGAPORE CITIZEN	Email Address benji_seto@yahoo.com.sg			
Occupation	Sex	Age	Date of Birth	Race
Retired Institution/School Name	Male 62 07/05/1959 Chinese Language English			
Date/Time Of Incident 04/07/2021 12:55 - 04/07/2021 13:05	Location Of Incident Funan Mall Pick up/ Drop off point along Hill Street			
Brief details.				100 No. 100 Carlo (100 No. 100

I had stopped at the pick up point to pick up my son and grandson. A SMRT taxi (SHB711B) was reversing and i noticed it was coming very close to my car. I immediately horned and the taxi stopped. I came out to check on my car and noticed that the taxi had already bumped into the front left part of my car. I exchanged details with the taxi driver, took photos and left.

The car i was driving is SLR6738D.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2021 14:56		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			

Accident report SM0N21750003





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210704/7007

Victim	~			
Person Name	SETO WAH			
ID Type	NRIC NO	ID No	S1364294Z	
Gender	Male	Age	62	
Race	Chinese	Language	English	
Occupation	Retired	Address	622 BEDOK RESERVOIR ROAD #11-1502 SINGAPORE 470622	
Mobile No	91117526	Is Informant A Victim?	Yes	

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2021 14:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	