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 12/07/2021 09:53 (SGT) Date of Accident 10/07/2021 13:40 (SGT) Exact Location of Accident Yishun Street 61 & Yishun Central, Singapore Additional Location Information JUNCTION OF YISHUN ST 61 & YISHUN CENTRAL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF3638Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEN KAIWEN, KELVIN NRIC No. S8402684J Email Address KELVINABRAMORICH@GMAIL.COM Mobile Phone No (Phone) +65-96465451 Alternative Phone No +65-96465451

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900111039 Cover Note Number

DRIVER

Name of Driver CHEN KAIWEN, KELVIN NRIC No. S8402684J

Date Of Birth 30/01/1984 Occupation Indoor Date Of Driving Pass 15/05/2009 Driving experience 12 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96465451 Alt. Phone Number +65-96465451 Email Address KELVINABRAMORICH@GMAIL.COM Address BLK 320D ANCHORVALE DRIVE #14-180 Address complement Postcode 544320 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 - Cross Junction Weather Conditions Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes PASSENGER 1 Name HONG SHU BIN Gender Female 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 REFER TO ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMX3019YVehicle ManufacturerHondaVehicle ModelShuttleVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

Name of Driver	QUEK KWANG YANG
Contact Number	(Phone) +65-81122633
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	<u>-</u>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- 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' 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
- (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
- (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.

Policyhoper's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

on to July 2021, 25 I was approaching	
the junction of Yoshun St 61 g Yoshun C	ent
I noticed the troffic light is touty	
no tights. Hence I stowed down	
And proceed with one to drive 20055	
the function their suddent of the	
SMX 30 lay but my vehicle	
2000 A MILL MAY NEWLY CO	
SMX 70 194 Subsquerty sumounted the curb of	
or boy was doployed at at the york side.	
the duber of & SMX 3019 y mentioned he drill	
wt see the rell light.	
If is to note, traffic light was foutly, no blink	C. s.
lynts of no traffic cutvaller.	ung
19.12 of 10.01.11 convolue.	
aration	
eclare the foregoing particulars are true in every respect.	

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

Accident report SC1A217C0001

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel