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 19/10/2021 10:11 (SGT) Date of Accident 27/09/2021 13:55 (SGT) Exact Location of Accident Jln Tenaga, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5043S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

CHANG KOK WAH(ZHANG GEHUA) NRIC No.

SXXXX722B

Email Address 1952kokwah@gmail.com Mobile Phone No (Phone) +65-98337351 Alternative Phone No +65-98337351

VEHICLE PARTICULARS

Manufacturer Kia Model Niro 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 - Reporting only Vehicle Category Private car

Transmission Auto CC 1580

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

Type of Coverage Fleet Policy No

Policy Number

Cover Note Number 7210104006

DRIVER

Name of Driver CHANG KOK WAH(ZHANG GEHUA) NRIC No. SXXXX722B

Accident report SN0921AJ0002

Date Of Birth 20/10/1952 Occupation Indoor Date Of Driving Pass 09/11/1972 Driving experience 48 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98337351 Alt. Phone Number +65-98337351 Email Address 1952kokwah@gmail.com Address 20 PEAKVILLE AVE Address complement Postcode 487789 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 No Collision Weather Conditions **UNKNOWN** Road Surface **UNKNOWN** 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tanah Merah Neighbourhood Police Post Police Station Phone No (Phone) +65-18004499999 Alt. Police Station Phone No (Fax) +65-62447251 Police Station Address Blk 51 New Upper Changi Road #01-1514 Singapore 461051 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20211012/2051 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI B2669F Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful 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.
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- 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)

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 possiessed 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 haurers' law yers/law firms, may/are permitted to collect, use, discuss 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 &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



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Declaration

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

Witnessed by Reporting Centre Personnel



2 of 3

Report No. 1/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

CONTINUATION OF REPORT

Details of Person						
Any Pedestrian Ir			T. (D.	de está en	Cross	ing: NA
No. of Pedestrians Injured: NIL Use of Pe					Cross	ing. NA
Driver			學的學生主		1777	000177000
Name	CHANG KOK WAH			ID No.		S0047722B
Related Vehicle	NIL.			Contact No.		98337351
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment				charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

I received a letter yesterday on the 11/10/2021 at about 1600hrs from TP stating that I was involved in an accident that happened on the 27/09/2021 at Jalan Tenaga at around 1357hrs. However I do not remember that I got into any accident on the specified date and time. I checked my car cam footage for the front and rear of the car however there was nothing of significance. There is also no damage to my vehicle and I am I here to report that I have no knowledge of any accident happening to me and my vehicle on the stated date and time.









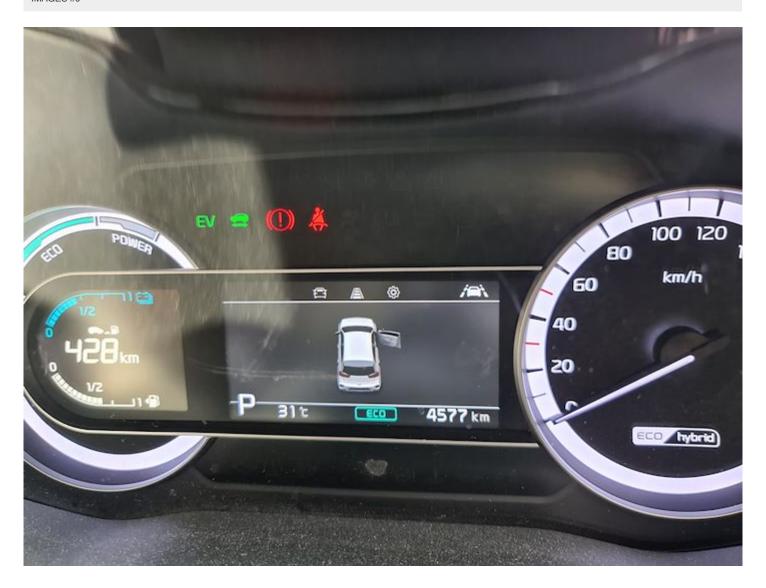
















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Report No. T/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051

Tel No: 1800-4499999

REPOR'	TOF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 12/10/2021 14:00		1ade:	Vide Report No.: Station Diar			
Informa	nt's Partic	ulars		"拉车"的连线相等加速时将五台 。		
Name of Informant: CHANG KOK WAH			Address: 20 PEAKVILLE AVENUE SINGAPORE 487789			
ID Type / ID No.: NRIC NO / S0047722B		22B	Contact No.: Home/Office: 98337351 Mobile:			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth:		Date of Birth: 20/10/1952	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: self employed			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/09/2021 13:55	Type of Location: near coffeeshop	
JALAN TENA	AGA				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SNB5043S	Car	KIA	NIRO HYBRID 1.6 GDI DCT	Silver	No Damage	0	

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SNB5043S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210104006	26/08/2021	25/08/2022				



2 of 3

Report No. 1/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver		THE REAL PROPERTY.	世紀四十七三			
Name	CHANG KOK WAH			ID No.		S0047722B
Related Vehicle	NIL.			Conta	ct No.	98337351
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days granted Medical Leave NIL D			Degree o	f Injury	NIL	

Brief Details.

I received a letter yesterday on the 11/10/2021 at about 1600hrs from TP stating that I was involved in an accident that happened on the 27/09/2021 at Jalan Tenaga at around 1357hrs. However I do not remember that I got into any accident on the specified date and time. I checked my car cam footage for the front and rear of the car however there was nothing of significance. There is also no damage to my vehicle and I am I here to report that I have no knowledge of any accident happening to me and my vehicle on the stated date and time.







1/20211012/2051

3 of 3

Report No. T/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

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 G / Insp MUHAMMAD DANIAL QIDRAN BIN ABDUL WAHAB	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2021 14:00
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Contact No.: 65476151 Authentication Stamp NP168	