

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 withholding 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.
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 08/11/2021 14:10 (SGT)
Date of Accident 07/11/2021 12:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN JURONG KECHIL TURNING TO TOH YI DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ77Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WEE KIAN TIONG
NRIC No S1286047A
Email Address KT.WEE@CGEEE.COM.SG
Mobile Phone No (Phone) +65-96754877
Alternative Phone No (Home) +65-96754877

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? Yes
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 No
Policy Number 7210073721
Cover Note Number -

DRIVER

Name of Driver WEE YEN SIONG LINCOLN
NRIC No S9630759D

Date Of Birth	27/08/1996
Occupation	Indoor
Date Of Driving Pass	11/01/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94355525
Alt. Phone Number	-
Email Address	LINCOLN.WEE@CGEEE.COM.SG
Address	9 ENG KONG DRIVE
Address complement	-
Postcode	599337
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JECELYN
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

PLEASE REFER TO ATACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ5429G
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHUA TIONG WEE DEFRAND
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

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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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

08.11.21 1145AM

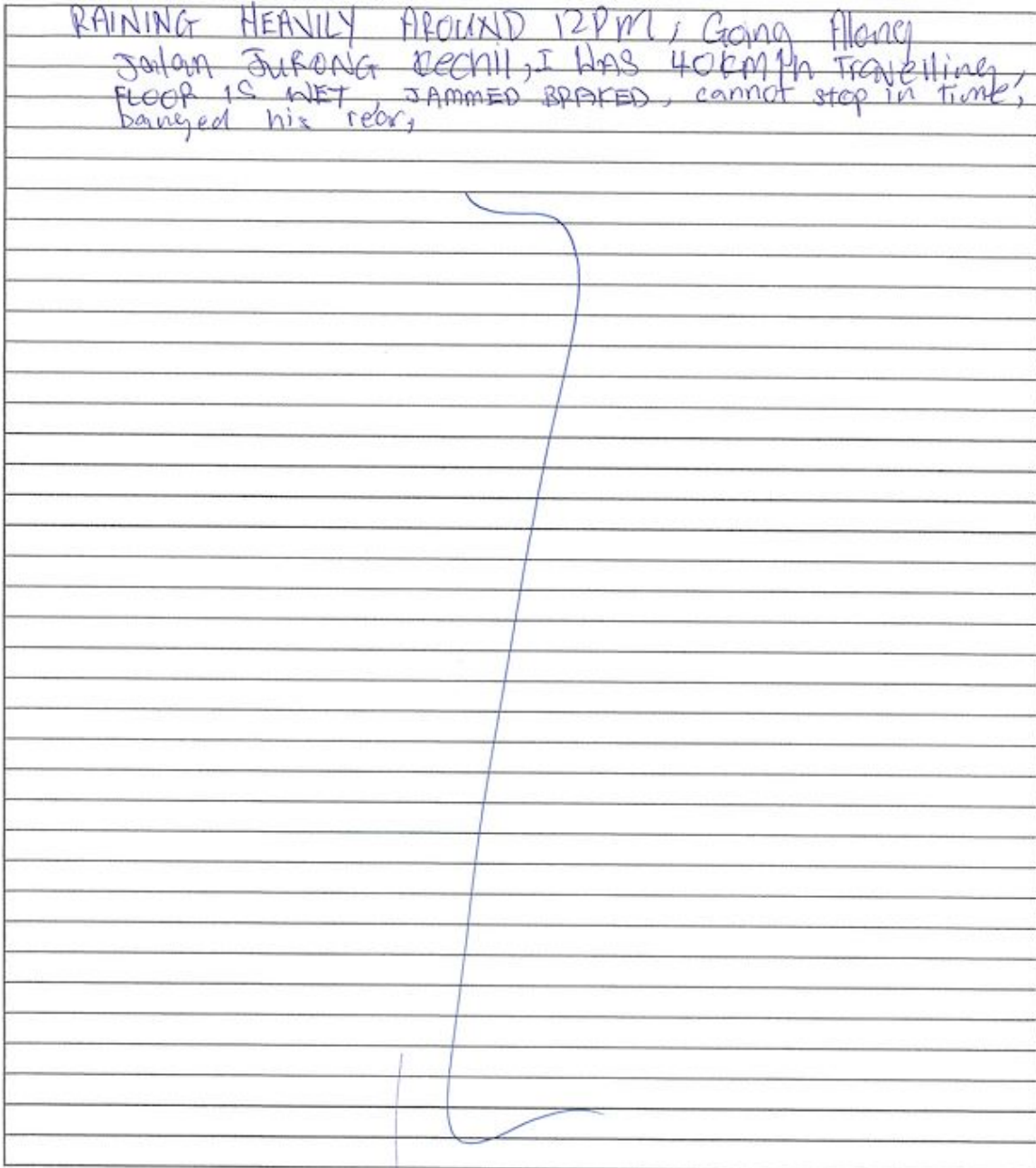
Witnessed by Reporting Centre Personnel

Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd




Describe Circumstances of the Accident

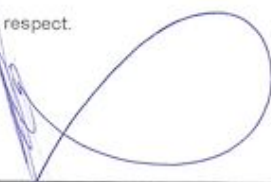
RAINING HEAVILY AROUND 12PM, Gang Alene
 Jalan Surong Rechi, I WAS 40km/h Travelling,
 FLOOR IS WET JAMMED BRAKED, cannot stop in time,
 banged his rear,




Declaration

We declare the foregoing particulars are true in every respect.

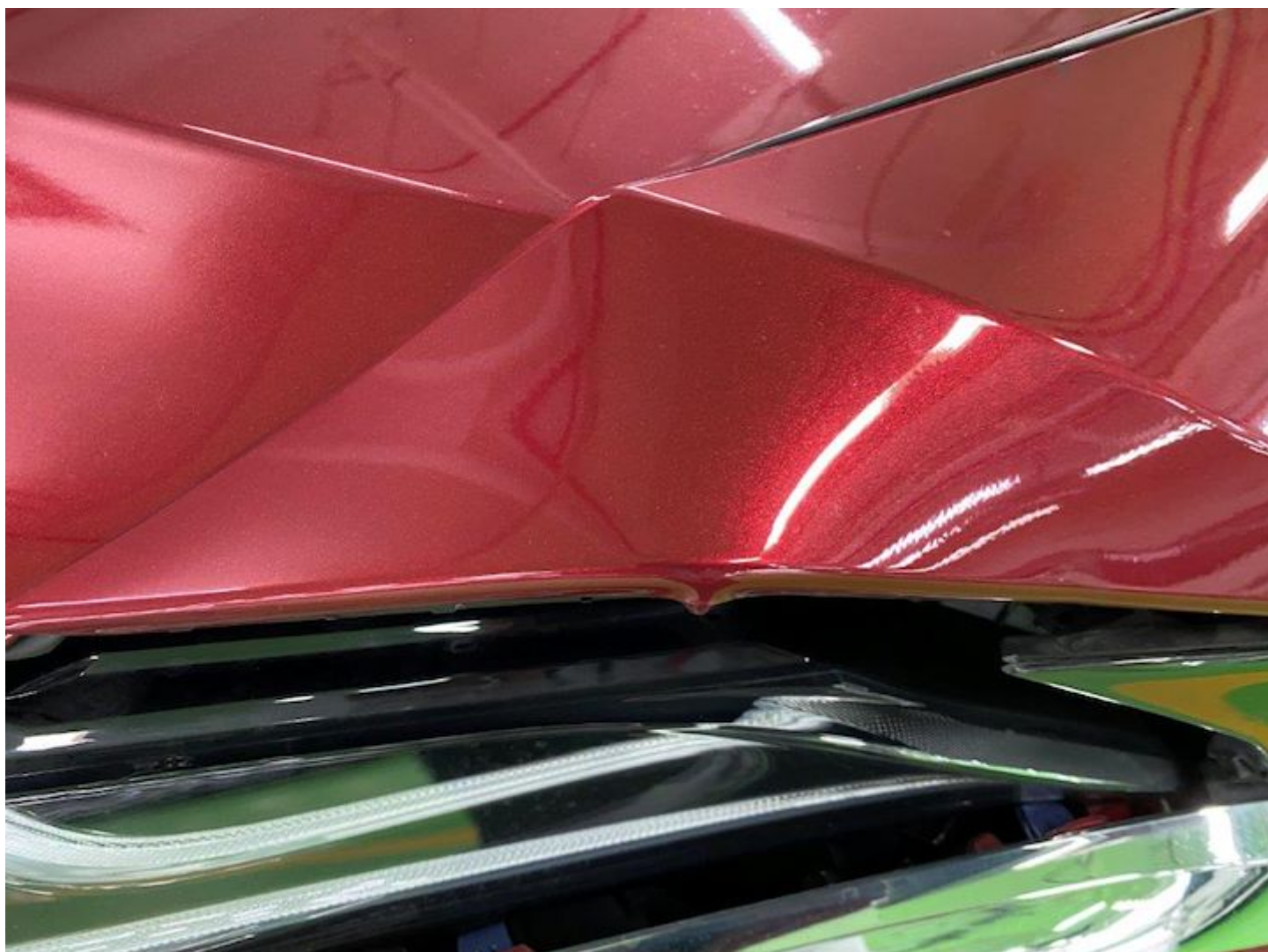

 Policyholder's Signature / Date & Time
 11:50 AM.
 08/11/21


 Driver's Signature (if driver is not the policyholder) / Date & Time
 08/11/21 11:50am


 Francis Cher
 Motor Claims Assessor
 Borneo Motors (S) Pte Ltd
 Witnessed by Reporting Centre Personnel



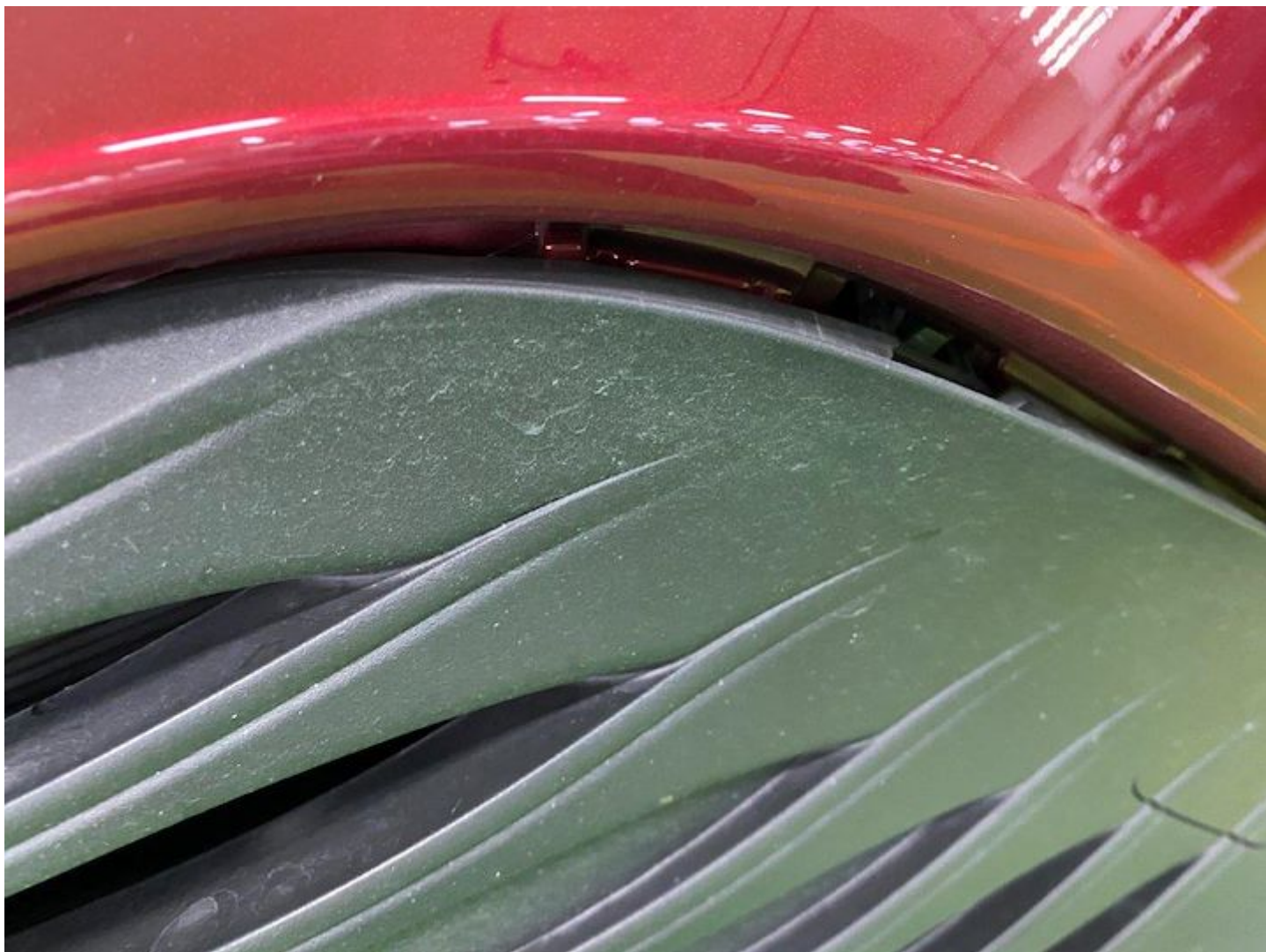






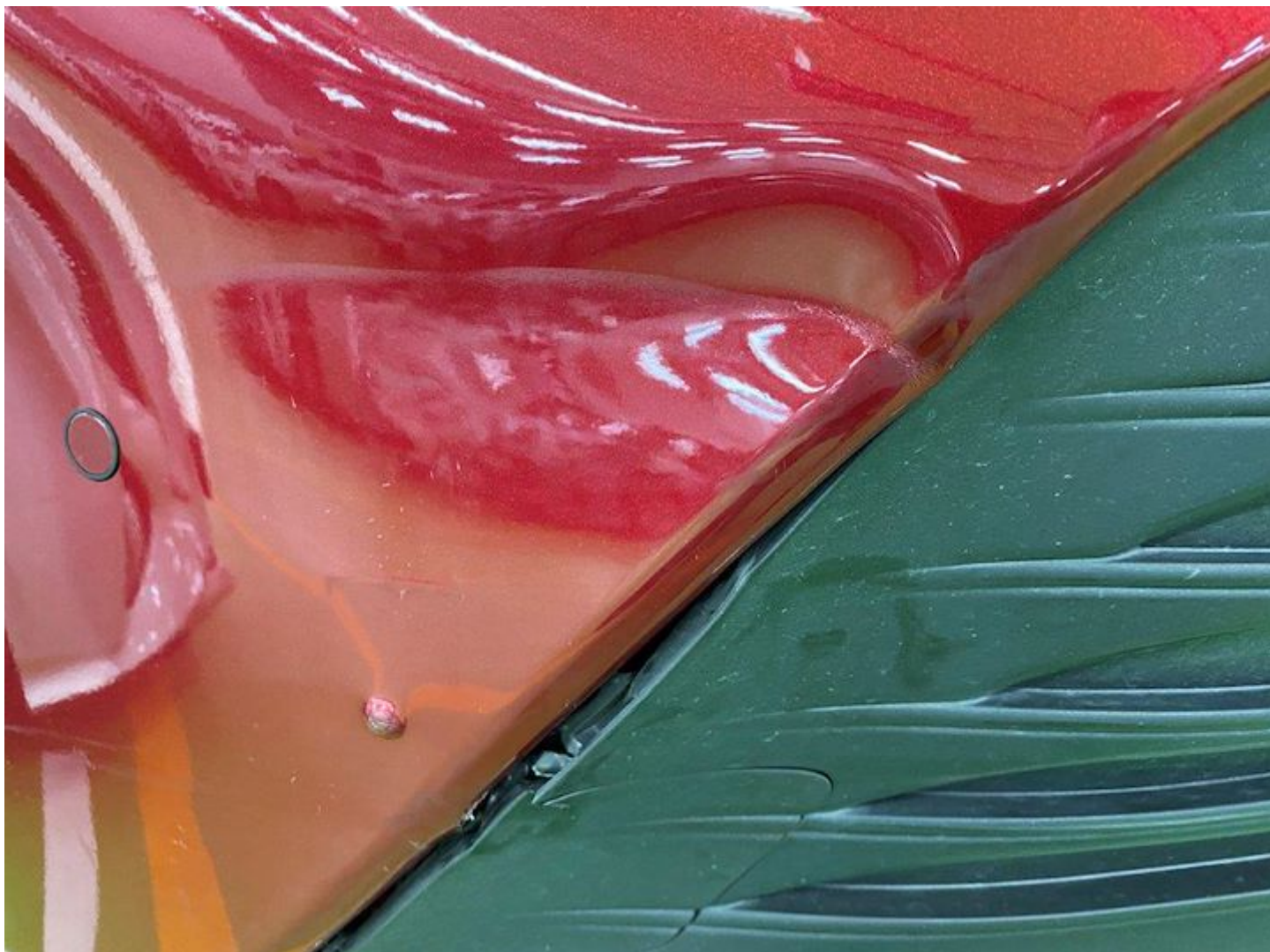










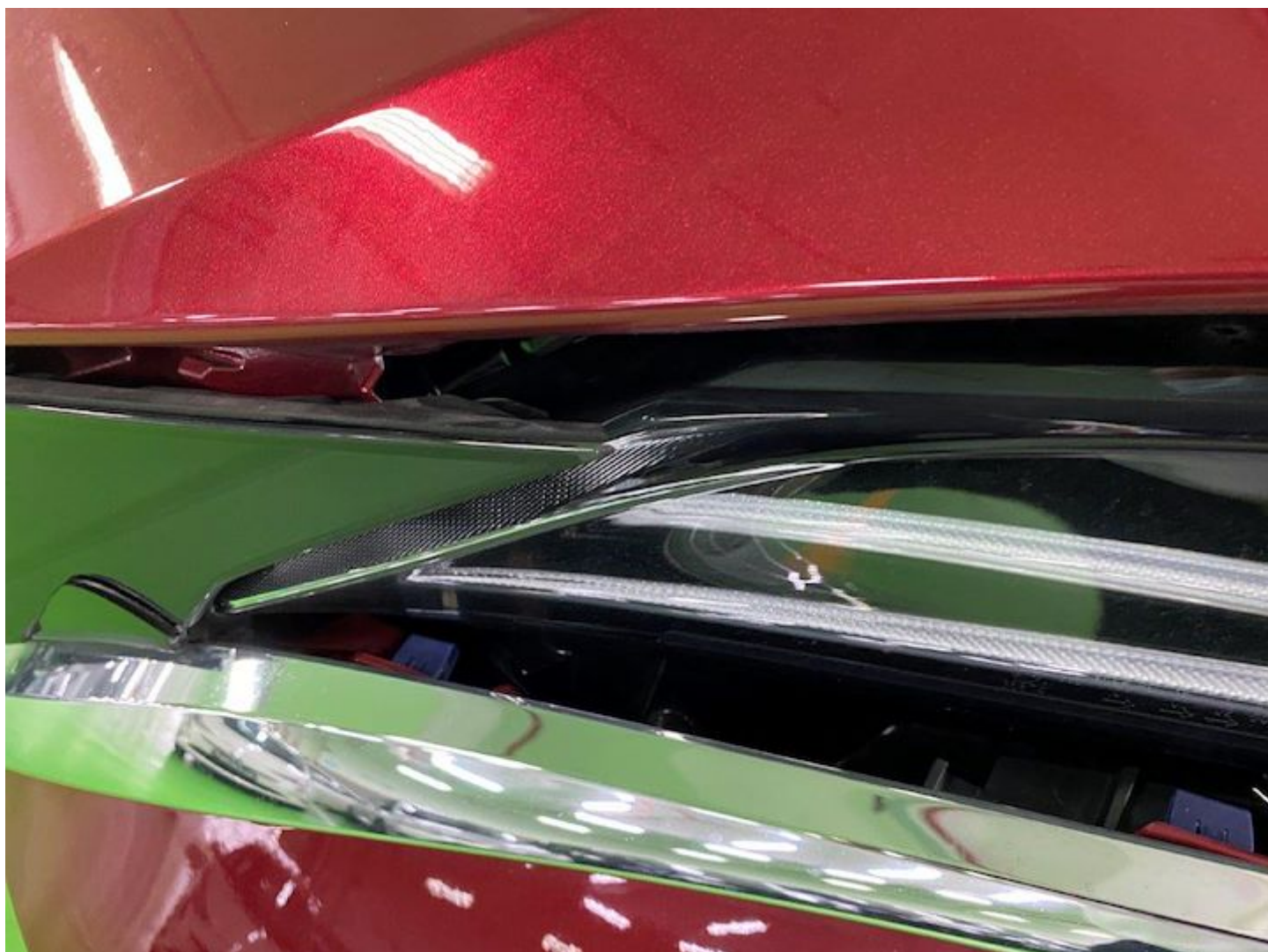




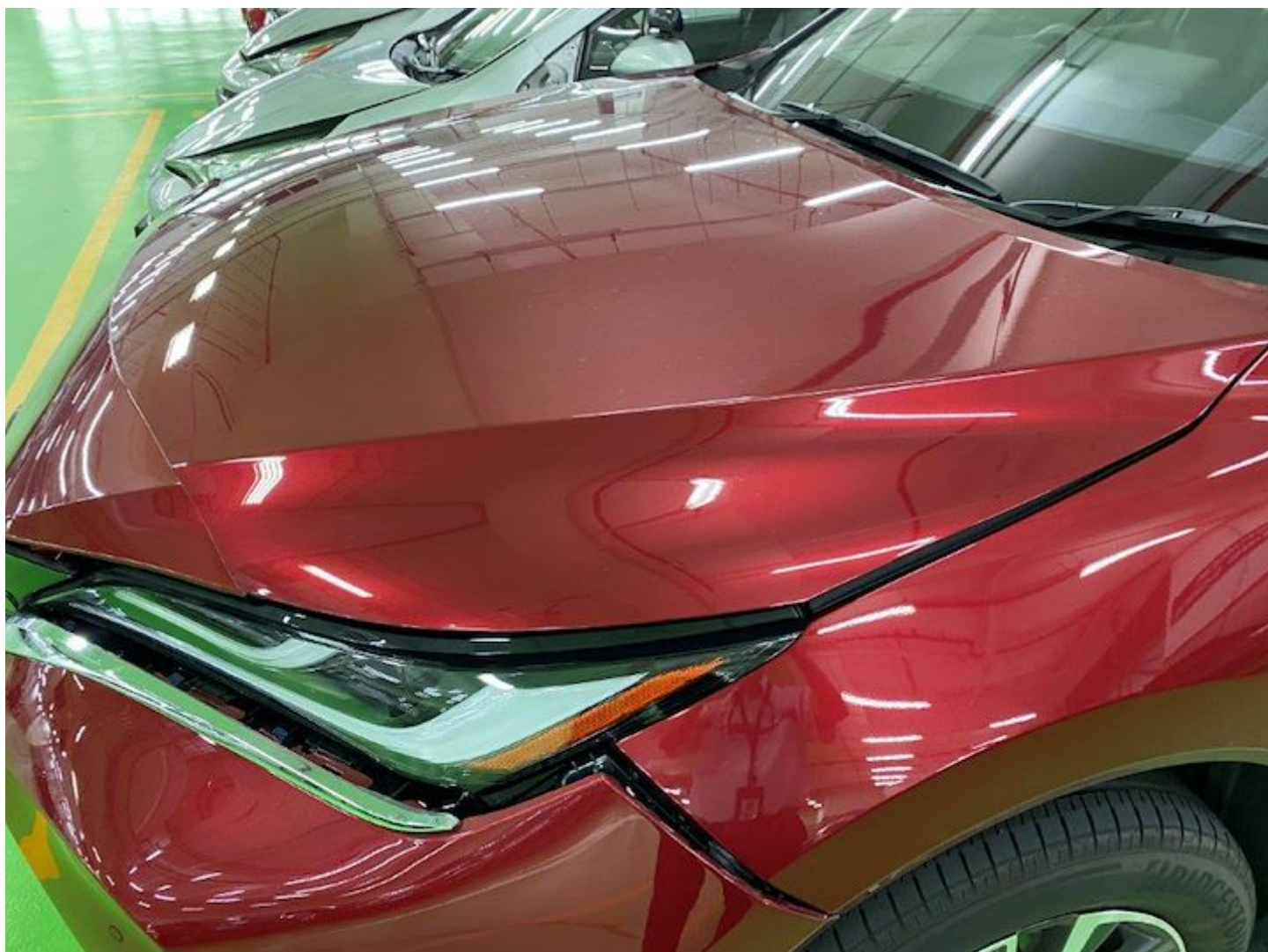






























AUTHORIZATION LETTER

Date: 08.11.21

To: Aib

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I/we, (full name) Wee Kiam Tiong NRIC No. S1286047A

hereby authorized my/our (relationship) Son (full name)

Wee Yen Siong Lincoln NRIC No. S9630759D to drive my

vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SJZ 772 as I am currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :

Name :

Contact No :


WEE KIAM TIONG
9675 4877



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : WEE YEN SIONG, LINCOLN

VEHICLE NUMBER : 852 772

DATE/TIME OF ACCIDENT : 12:05 PM 07/11/21

PLACE OF ACCIDENT : ~~12:05 PM 07/11/21~~ Jalan Jurong
Peohil

THIRD PARTY VEHICLE (IF ANY) : SKJ 54296

Turning To
Ton Yi
Drive

 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
 DESTINATION BEFORE THE ACCIDENT?

From Yur Tong Avenue To Home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
 THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
 ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

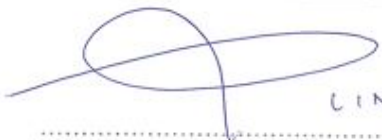
NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
 TO ALL VEHICLES INVOLVED?

FRONT TO REAR COLLISION

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
 WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO.


 LINCOLN.

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

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