SW0821BH0001 / Wearnes Automotive Pte Ltd ENTRY DATE & TIME: 17/11/2021 11:54 (SGT) SUBMITTED BY: Paul Ong VERSION: 1 (17/11/2021 11:54 (SGT))

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 17/11/2021 11:54 (SGT) Date of Accident 13/11/2021 10:50 (SGT) Exact Location of Accident Singapore Additional Location Information **CHIN SWEE ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

LandRover

Vehicle Registration Number SJB8298B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LENA SIM MUI LING NRIC No. S7320003B Email Address hoyw@ntuc.org.sg Mobile Phone No (Phone) +65-96287786 Alternative Phone No +65-96287786

VEHICLE PARTICULARS

Manufacturer

Model DISCOVERY SPORT 2.0P 7 SEATER S/R 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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800027500 Cover Note Number

DRIVER

Name of Driver HO YEW WAH NRIC No. S7045554D

Date Of Birth 16/12/1970 Occupation Indoor Date Of Driving Pass 29/10/1999 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96287786 Alt. Phone Number Email Address hoyw@ntuc.org.sg Address 16 ANG MO KIO AVENUE 2 #04-26 Address complement Postcode 567699 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 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 vehicle or property damaged? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **BROTHER IN LAW** Gender Male 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

No

No

Was there any video captured by Car Camera?

Was there any audio recorded?

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	17/11/21 10 AM	1		
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel		
Sketch Plan				

166	SIVED AN EMAIL FROM LIKE 1470 CONSYLTA	475
70	FILE A GIA REPORT AS SOMEONE CLAIMED	I.
SI	FILE A GIA REPORT AS SOMEONE CLAIMED DE SWIPED HIS CAR ON 13/11/21. NEW	
	NEW	
C	ECKED MY CARE AND THERE IS NONDAMAGE	OR
D	ECKED MY CARE AND THERE IS NO DAMAGE	
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	OUND DURING THE DRIVE. I DID NOT	
	DU NOT RECALL HEARING OR FEELING AND OUND DURING THE DRIVE. I DID NOT (NOCK OPTO ANY OTHER CAR.	
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Declaration

WWe 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



















