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 23/12/2021 16:51 (SGT) Date of Accident 22/12/2021 19:45 (SGT) Exact Location of Accident 20 Craig Rd, Singapore 089692 Additional Location Information MUILTY STOREY CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

Vehicle Registration Number SNC9419K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM JIN HONG, ELTON NRIC No SXXXX852J

Email Address cs8558cs@gmail.com Mobile Phone No (Phone) +65-96171264

Alternative Phone No +65-96171264

VEHICLE PARTICULARS

Manufacturer Mini Model Cooper 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? Vehicle Category

Transmission Auto CC 1499

INSURANCE COMPANY

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

Fleet Policy Nο

Policy Number 7210108717 Cover Note Number

DRIVER

Name of Driver CHIA HONG CHAN NRIC No SXXXX864E

Date Of Birth 03/09/1991 Occupation Indoor Date Of Driving Pass 13/02/2010 Driving experience 11 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96171264 Alt. Phone Number Email Address cs8558cs@gmail.com Address **BLK 359 TAMPINES STREET 34 #03-437** Address complement Postcode 520359 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Relative 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 Side Swipe 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? 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211223/2002 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV9105P Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
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)	
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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.
- 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.
- 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.
- 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' 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 &

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

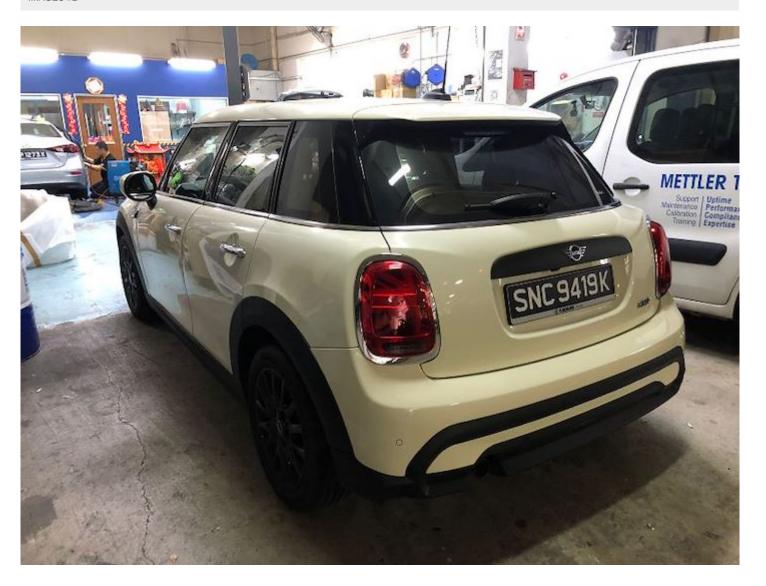
Witnessed by Reporting Centre Personnel

Sketch Plan

CRAIG POAD MSCP

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der's Signature / Date &	Driver's Signature (If o	driver is not the poli	icyholder) / Date	Witnessed by	Reporting Centre	
	& Time		AND AND A DOLLAR OF THE OWNER,	Dersonnel	and the second	





















Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

lof3 Report No. T/20211223/2002

DEDADT	OF A	TDACETO	ACCIDENT
KEPUKI	UF M	IRMEEIG	ACCIDENT

	e/Time Report Made: 2/2021 02:16		Vide Report No.:	Station Diary No.: 20		
Informa	nt's Partic	ulars				
Name of Informant: CHIA HONG CHAN			Address: APT BLK 359 TAMPINES ST 520359	34 #03-437 SINGAPORE		
ID Type / ID No.: NRIC NO / S9133864E			Contact No.: Home/Office: Mobile: 96171264			
National SINGAP	ity: ORE CITIZ	EN	Email: hongchanchia@gmail.com			
Sex: Male	Age: 30	Date of Birth: 03/09/1991	Type of Informant: Driver			
Race: Chinese			Language:	Inst	itution / School Name:	
Occupation: Information technology project		ogy project	Driving Licence Information: Class: 3	Date	e of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/12/2021 19:4	Type of Location Car Park
Location: CRAIG ROAL Weather: Clear)	Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
I WO Way	Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLV9105P	Car				Slightly Damaged	0
SNC9419K	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20211223/2002

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

2 of 3 Report No. T/20211223/2002

Driver	and the Sale of the Company of the C		11 5/154 3/15 2645/5/1	STEEL STEEL	es veniro Au	
Name	CHIA HONG CHAN			ID No).	S9133864E
Related Vehicle	NIL			Conta	act No.	96171264
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 22/12/2021 at about 1945hrs, I was driving my brother's in law car, a cream colour Mini Cooper One (SNC9419K) along the Multi-story carpark (MSCP) at 20 Craig Road, Singapore 089692.

As I was driving inside Deck 2 of the MSCP, a silver Audi Q3 drove by a female driver side sweep the right side of my Mini Cooper One. I stopped my car afterwards, thinking that she might do the same so that both parties are able to exchange our personal particulars. I then seek help from my colleagues and a few came back to the MSCP to assist me.

The Audi Q3 did not do so and drove off after side swept my car. I believed that she was driving at a relatively high speed where it is deemed to be too fast in a MSCP environment.

I then called '999' for assistance.

Few minutes later, a TP male officer (TP398G) attended to me and went to search for the Audi Q3 vehicle in the MSCP.

One of my colleague managed to locate the Audi Q3 at Deck 4 of the MSCP. I then directed the TP officer to Deck 4 of the MSCP where he discovered that it was not locked nor secured in any way.

I was issued a case card, report number A/20211222/0119 by the TP male officer, TP IO In-Charge Roizman instructed me to lodge a Police Report for my safekeep.

I saw the Audi Q3 being towed away in my presence.

I did not suffered any injury and no medical attention was required at scene.

That is all.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20211223/2002

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 F / Other MUHAMMAD FIRDAUS BIN AYUB	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2021 02:16
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
Authentication Stamp	SN 77