GIA SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.
5. <u>Any false reporting may be referred to the Police for investigation.</u>
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	07/03/2022 16:39 (SGT)
Date of Accident	06/03/2022 12:00 (SGT)
Exact Location of Accident	Bukit Batok Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7331L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRESTAR ENTERPRISE PTE. LTD.
Company Reg No	2XXXXX761H
Email Address	shawn@crestarfan.com.sg
Mobile Phone No	(Phone) +65-90239384
Alternative Phone No	+65-88667031

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220019828
Cover Note Number	-

DRIVER

Name of Driver	LEE JIA WEI
Passport No/FIN	GXXXX913W

Date Of Birth	05/12/1995
Occupation	Outdoor
Date Of Driving Pass	10/02/2017
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88667031
Alt. Phone Number	-
Email Address	shawn@crestarfan.com.sg
Address	BLK 13 TECK WHYE LANE #02-206
Address complement	-
Postcode	680013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain 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	3
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ1442U
Vehicle Manufacturer	Honda
Vehicle Model	Stream
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) .... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GW7349U
Vehicle Manufacturer .... -
Vehicle Model .... -
Vehicle Variant .... -
Vehicle Colour .... -
Vehicle Category .... Commercial vehicle
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

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my reinsurance 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 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' lawyers/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 also outside of Singapore, for one or more of the above Purposes.

[stamp: CRESSTAR ENTERPRISE PTE LTD]
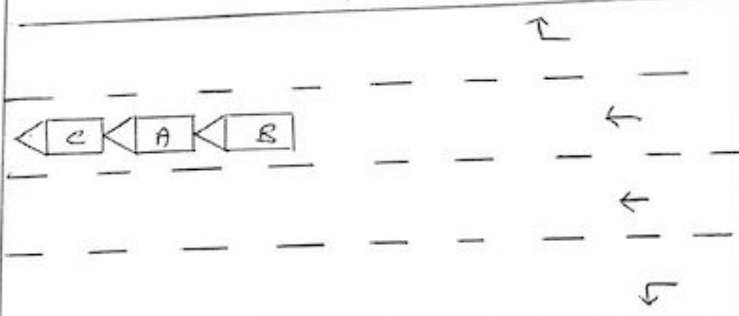
Policyholder's Signature / Date & Time

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

07/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Buen Bedok Control.

(A) GBL 7331 L

(B) SMJ 1442 U

(C) GW 7349 U

Describe Circumstances of the Accident

my veh was stationary waiting for the
traffic light to turn green. when the traffic
light turn green, I felt a very great impact
from my veh rear portion. This impact was
so great that it cayreel my veh to surged
forward and hit onto the front veh. when
I got down, I realzed that I was involved
in a 3 car collision.

Declaration

I/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

07/03/2022

Witnessed by Reporting Centre
Personnel

CHASSIS NO : JN1MA2E26Z0000204
U.L.W   : 1640 KGS
M.LW   : 3215 KGS
P. CAP   F 1 DRIVER, 2 OTHER
               R 00
TYRE SIZE   F 195 x 15R 8PLY
               R 195 x 15R 8PLY (S)