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 04/03/2022 14:51 (SGT) Date of Accident 03/03/2022 15:15 (SGT) Exact Location of Accident Near 228A Holland Rd, Singapore 278592 Additional Location Information JUNCTION OF LORONG MAMBONG / HOLLAND ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC900H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KUAN TIAN NRIC No. SXXXX952F Email Address GEKKENG 11@HOTMAIL.COM Mobile Phone No (Phone) +65-97974246 Alternative Phone No +65-97974246

VEHICLE PARTICULARS

Manufacturer Audi Model A4 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? Yes Vehicle Category Private car Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800073006-03 Cover Note Number

DRIVER

Name of Driver TAN KUAN TIAN NRIC No SXXXX952F

Date Of Birth 22/05/1943 Occupation Indoor Date Of Driving Pass 12/07/1963 Driving experience 58 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97974246 Alt. Phone Number +65-97974246 Email Address GEKKENG_11@HOTMAIL.COM Address **BLK 54B KING'S ROAD** Address complement Postcode 268102 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 Collision - Cross Junction 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SLD207H

 Vehicle Manufacturer
 Mazda

 Vehicle Model

 Vehicle Variant

 Vehicle Colour
 Red

 Vehicle Category
 Private car

 Name of Driver
 LEE XI SHENG, KELVIN

 Contact Number

 Address



Address complement

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

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IMPORTANT NOTICE

- 2. The Form out the sempleted by the Policyholder and/or the Authorised Oriver.
- gettern 4.3. Information provided must be as truthful and accurate as possible respectful missopres entation or withholding of material lacts may are allow insurance companies to regudiate policy flability.

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

Lunderstand, acknowledge, agree and consent that :

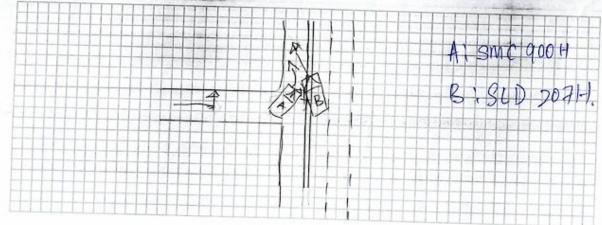
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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
- (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
- (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

Witnessed by Reporting Centre

Sketch Plan



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Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

REPORT OF ACCIDENT

DATE: 3rd March 2022 (THURSDAY)

TIME: 3:15 p.m.

PLACE: LORONG MAMBONG/HOLLAND ROAD

VEHICLES & DRIVERS:

SMC 900H TAN KUAN TIAN SOOD1952F (MYSELF)

SLD 207H LEE YI SHENG, KELVIN S8412091Z (THE OTHER DRIVER)

I was driving out onto Holland Road from Lorong Mambong. At the junction I stopped my vehicle to ascertain that it was safe for me to drive forward. When I was sure that there was no vehicle coming from Lane 3 (the innermost lane) on my right-side, I drave my car slowly forward. Just as I did so, a red car (SLD 207H) cut across the double white lines from Lane 2 and caused a collision against my car (SMC 900H) The impact resulted in damage to the right-front-side of my vehicle (SMC901 and also damage to both the left doors of his own vehicle (SLD 207H).













