

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	09/05/2022 17:22 (SGT)
Date of Accident	08/05/2022 22:45 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2613G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOCKER & LOCK PTE. LTD.
Company Reg No	199003808R
Email Address	CARSON.LOH@LOCKERANDLOCK.COM
Mobile Phone No	(Phone) +65-91111825
Alternative Phone No	(Office) +65-67421118

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	NISSAN / NV200 1.6 (A) PETROL
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	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210039386-01V2
Cover Note Number	-

DRIVER

Name of Driver	LOH WEI LIANG
Passport No/FIN	G3212348T

Date Of Birth	11/01/1993
Occupation	Outdoor
Date Of Driving Pass	26/11/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82205562
Alt. Phone Number	-
Email Address	CARSON.LOH@LOCKERANDLOCK.COM
Address	APT BLK 812 TAMPINES AVENUE 4 #10-231
Address complement	-
Postcode	520812
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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)	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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SHF35Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO AIK KIAT (ZHANG YUJIE)

NRIC No	S7706707H
Contact Number	(Phone) +65-88001608
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' 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 sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

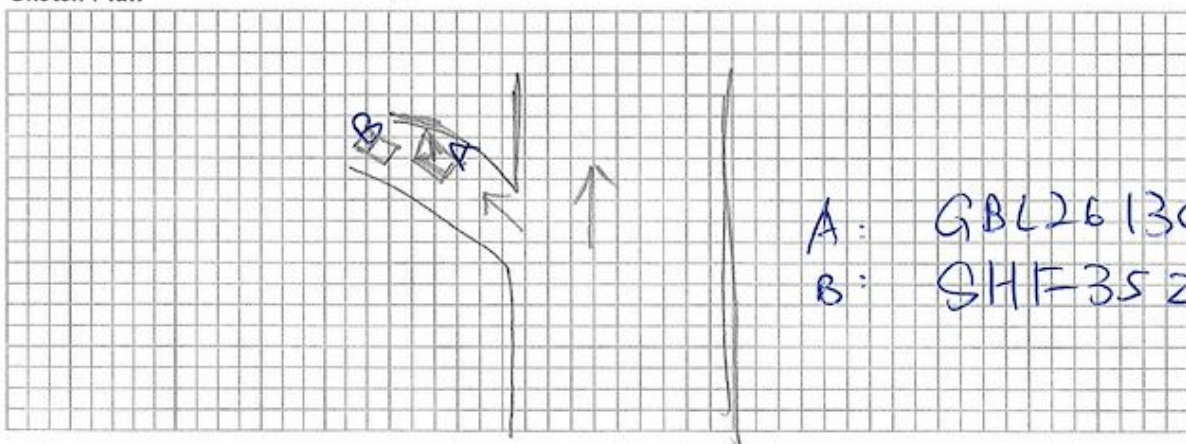



Driver's Signature (if driver is not the policyholder) / Date & Time




Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At about 10:45 PM, I want to went back
to Tampine from BKK.

When reach to traffic light, I want to turn
left, I turned my head and look for the
right handside car, when I turned back to
left handside. I saw the car infront stop and
I faster stop the vehicle but it was already
too late to stop and hit the right side of
the car.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &
Time



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



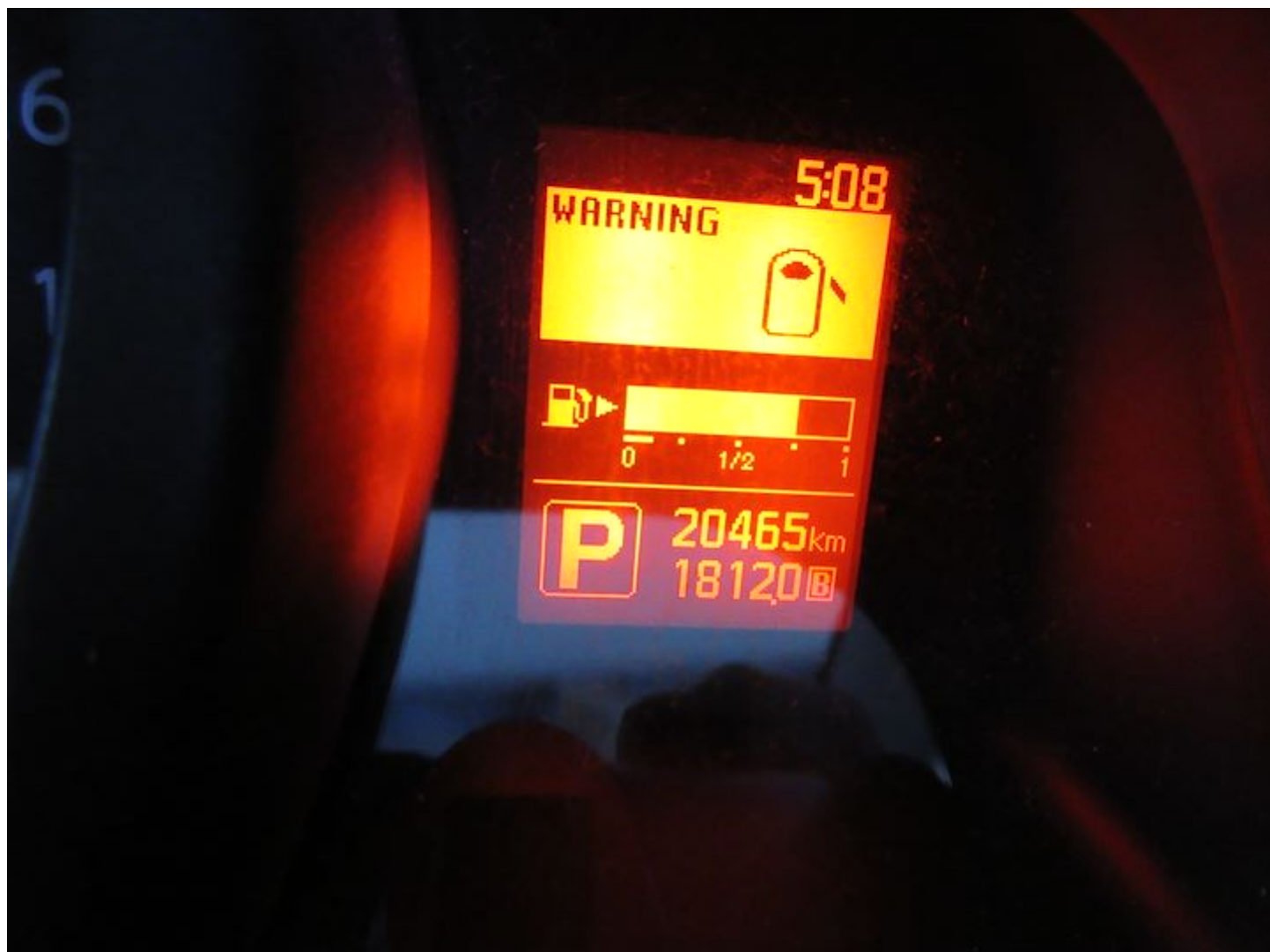
Witnessed by Reporting Centre
Personnel

















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IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: G8L 2613G
 Name (as shown in NRIC): LOH WEI LIANG NRIC/FIN/Passport No: G3212348T
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 812, Tampine Ave 4, #10-231 Singapore (520812)
 Contact (Tel): 8220 5562 Mobile No.: _____
 Email Address: carson-loh@luckerandlock.com
 Date of Accident: 8/5/2022 Time of Accident: 10:45 PM
 Place of Accident: Ang Mo Kio
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to claim my own insurance.

Policyholder / Driver's Signature
 Date: 12/8/22

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5328 Fax: 6741 7208
 Email: claims@procarcare.com.sg

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

TRAFFIC Addendum Form