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 14/05/2022 15:14 (SGT) Date of Accident 09/05/2022 20:30 (SGT) Exact Location of Accident Teck Whye Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8787U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HONG JYE SHENG NRIC No S8078746D Email Address JYESHENG@HOTMAIL.COM Mobile Phone No (Phone) +65-94517909 Alternative Phone No (Office) +65-94517909

VEHICLE PARTICULARS

Manufacturer Audi Model Α3 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 1400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 18000137641-02 Cover Note Number

DRIVER

Name of Driver HONG JYE SHENG NRIC No S8078746D

Date Of Birth 29/08/1980 Occupation Indoor Date Of Driving Pass 20/07/2006 Driving experience 15 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-94517909 Alt. Phone Number (Office) +65-94517909 Email Address JYESHENG@HOTMAIL.COM Address BLK 46 CHOA CHU KANG Address complement STREET 64 #04-22 Postcode 689106 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT: J/20220511/7000 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC9216F Vehicle Manufacturer Vehicle Model Vehicle Variant

Goods vehicle

Vehicle Colour
Vehicle Category

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, acknowledge, agree and consent that

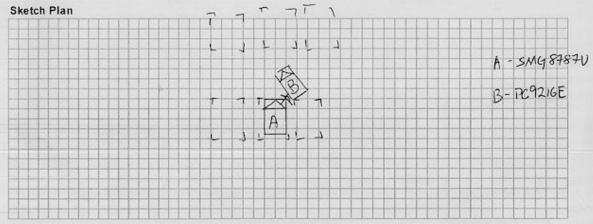
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

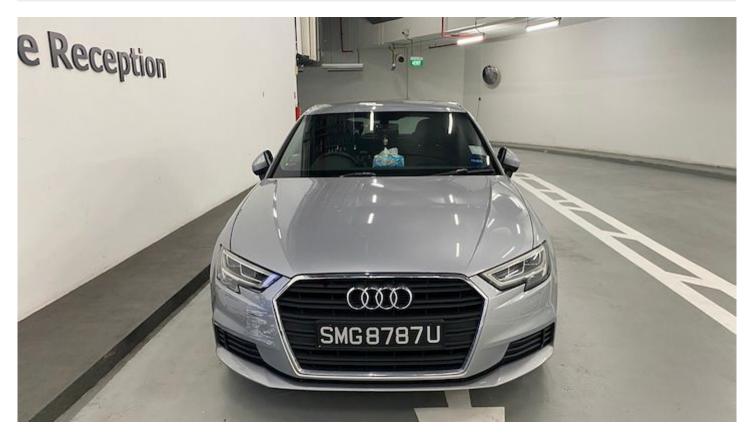
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Please	故	refer	to	the	sketch	plan	1 &	Police.	report	: 1/2	02205	11/700
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Time	3 0	o municipal control		& Tim	16	,		- p snoymon		Personnel		
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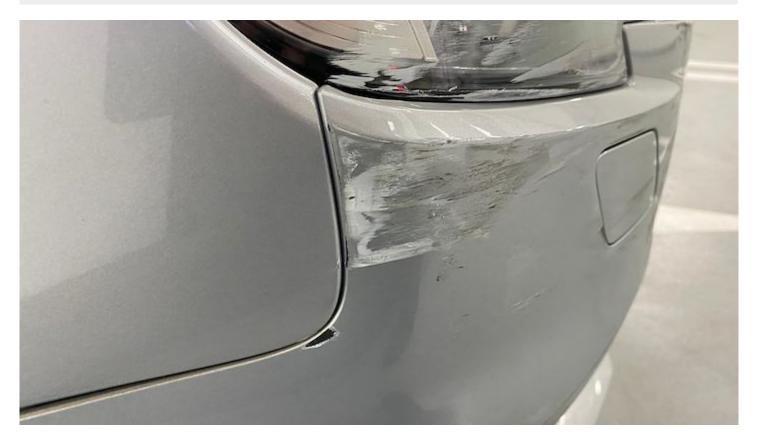


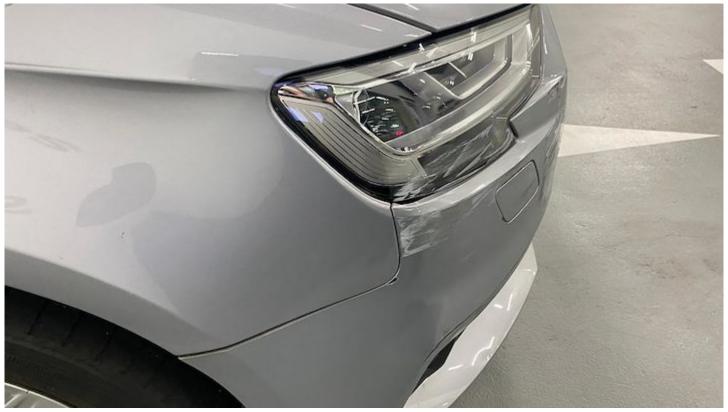


















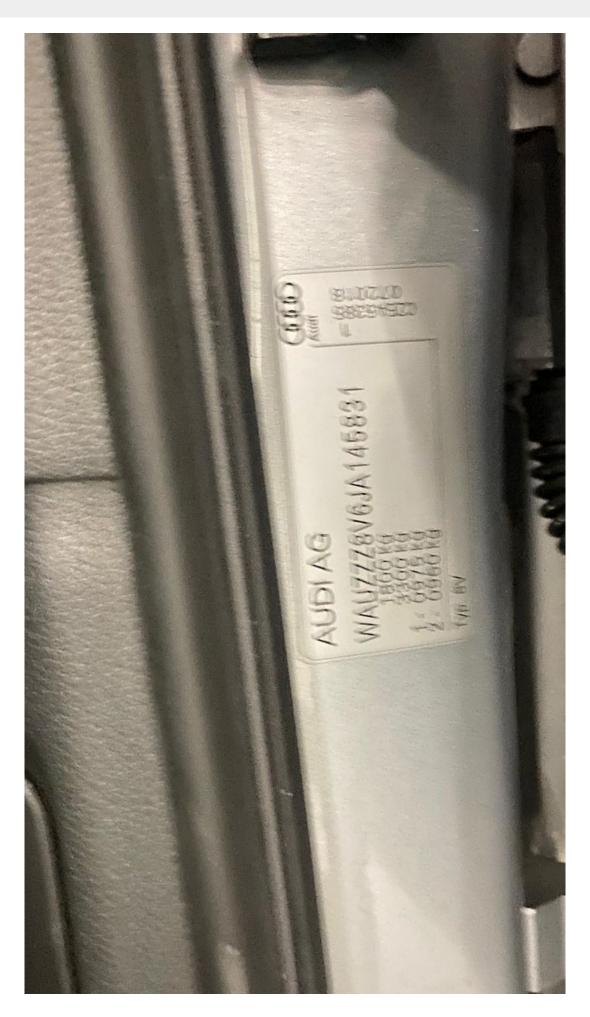


























J/20220511/7000

1 of 2

Report No. J/20220511/7000

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Vide Re	port No.		Station Diary No.
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7.701.00		Mobile: 94517909	
FC000000000000000000000000000000000000		com	
Sex	Age	Date of Birth	Race
		[29/08/1980	Chinese
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	Address 46 CHO 689106 Contact Home/O Email Adjyesheng Sex Male Languag English Location	689106 Contact No. Home/Office: Email Address jyesheng@hotmail. Sex Age Male 41 Language English Location Of Inciden	Address 46 CHOA CHU KANG STREET 64 #689106 Contact No. Home/Office: Mobile: 94517909 Email Address jyesheng@hotmail.com Sex Age Date of Birth Male 41 29/08/1980 Language

Brief details.

Subjects Involved

A white Toyota Van (PC9216E) hit and scratch my car and left the scene. The incident happened at around 8.33pm. The accident was captured on my car's front dash camera. I only notice the scratches today and made the report immediately after reviewing the footage.

ture Of Informant: dentity of the person making this t has been authenticated by Singpass gnature is required.
Time: /2022 00:43
ification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220511/7000

ID Type	NRIC NO	ID No	S8078746D
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Electronics engineer	Address	46 CHOA CHU KANG STREET 64 #04-22 SINGAPORE 689106
Mobile No	94517909	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Not applicable Signature Of Interpreter: Not applicable Date/Time: 11/05/2022 00:43 Officer In-Charge Of Case: Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 046580 Tel (65) 6224 0010 Fax (65) 6224 0010

		ADI	DENDUM	
(A)	PARTICULARS OF PI	RSONMAKINGTHEAMEND	OMENTS:	
	Original Report No	: SP0R225E0005-01	Vehicle Registrati	on No: SMG8787U
	Name(as shownin NRIC)	: HONG JYE SHENG	NRIC/FIN/Passpo	rt No : SXXXX746D
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please dele	ete as appropriate	
	Address	BLK 46 CHOA CHU KANG, S	TREET 64 #04-22	Singapore(6891
	Contact (Tel)	94517909	Mobile No.:	
	Email Address	YESHENG@HOTMAIL.COM		
	Date of Accident	09/05/2022	Time of Accident :	20:30
	Place of Accident	Teck Whye Ave, Singapore		
	Insurance Company	AIG Asia Pacific Insurance	Pte. Ltd.	
(B)			ccident and would like to inc	clude additional information
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(8)	I have made a repor make the following	amendments: A.	Reporting Cent	tre Personnel's Signature (HONG SIENIG)