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

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 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss DETAILS OF | 23/05/2022 17:15 (SGT) 22/05/2022 19:00 (SGT) Mountbatten Rd, Singapore Towards Nicoll Highway Singapore |
| Vehicle Registration Number | SKJ1788X |
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No | No Lee Hong Chong (Li Hongzhong) \$7829066H lexus19_78@yahoo.com (Phone) +65-96378924 +65-96378924 |
| VEHICLE PARTICULARS | |
| Manufacturer Model 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 CC | Subaru Forester 2.0XT - Private use No - Claiming third party Private car Auto 1998 |
| INSURANCE COMPANY | |
| Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number | AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1700013550-04 |
| DRIVER | |
| Name of Driver | Lee Hong Chong (Li Hongzhong) |

S7829066H

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 02/10/1978 Indoor 11/12/1998 23 YEARS AND 5 MONTHS Male (Phone) +65-96378924 +65-96378924 lexus19_78@yahoo.com 65 Punggol Central #05-12 - 828842 Yes - No |
|--|--|
| | |
| 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 | 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) | 2 |
| Has the driver been approached by unknown person(s) | No |
| soliciting/offering accident claims assistance? | NO |
| PASSENGER 1 | |
| Name | Christina Lim |
| Gender | Female |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| / / 3 | |
| CIRCUMSTANCES OF ACCIDENT | |
| Please refer to the sketch plan. | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? | Yes Yes No |
| | |
| DETAILS OF OTHER | R VEHICLE PROPERTY 1 |
| | |
| Vehicle Registration Number | SH7519H |
| Vehicle Manufacturer , | Hyundai |
| Vehicle Model | - |
| Vahiola Variant | |

Vehicle Variant
Vehicle Colour
Vehicle Category

| Name of Driver | Lim Boon Teck |
|---|---------------|
| Contact Number | 944 |
| Address | 944 |
| 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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- 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 capies 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)

funderstand, 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 my 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 dualing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the adoldent and/or my claims;
- (%) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (W) administering my claims (including the mating of correspondence, statements, invoices, reports or notices to me, which could involve disclosure at 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.

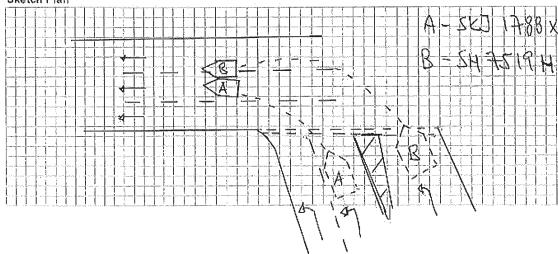
(collectively the 'Purposes')

- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law times, maylare 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 tawyors/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signalure / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time Wilnessed by Reporting Centre
Personnel Angle Soh

Sketch Plan



| Describe Circumstances of the Accident |
|--|
| |
| ON 22 MAY 2022 AT OR ABOUT OT: OOPM, WAS DRIVING ALONG MOUNBATTEN ROAD |
| |
| TOWARDS NICOLL HIGHWAY. IT WAS A 3 LANE ROAD, I WAS ON THE MIDDLE |
| |
| LME. |
| |
| AS I WAS TURNING LEFT, THE VEHICLE ON MY RIGHT SWERVEDING MY LANE |
| · |
| AND HIT ONTO MY VEHICLE FRONT RIGHT. |
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Angle Soh