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.

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 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 25/07/2022 12:10 (SGT) Reported by Driver Date of Accident 23/07/2022 21:45 (SGT) Exact Location of Accident Raffles Blvd, Singapore Additional Location Information RAFFLES BLVD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1199

Vehicle Registration Number SCW1551M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAI KIM FATT NRIC No S2557800G Email Address jasperlai23@gmail.com Mobile Phone No (Phone) +65-81138168 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Citroen Model C4 spacetourer 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070171926

DRIVER

CC

Name of Driver LAI MING WEI, JASPER NRIC No S9334768D Date Of Birth 23/09/1993 Occupation Indoor

Date Of Driving Pass 15/09/2015 Driving experience 6 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-88285922 Alt. Phone Number +65-90083480 Email Address jasperlai23@gmail.com Address BLK 233B SUMANG LANE #13-323 Address complement Postcode 822233 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance?

Yes

Nο

PASSENGER 1

Translator's ID

Translator's email

Name LAI YING HUI PHOEBE Gender Female

Was any other vehicle or property damaged?

Translator's name

Translator's phone number

Original language used in the statement

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Number of Passengers (Including Driver)

PASSENGER 2

Name LAI YING XI PHYLLIS
Gender Female

PASSENGER 3

Name CHEAH PEI JUN Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Central Division Headquarters

Police Station Phone No

(Phone) +65-18002240000

(Fax) +65-62200877

Police Station Address

391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762

Was notice of intended Prosecution given?

No

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT



ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB9562B Vehicle Manufacturer Nissan Vehicle Model Nv200 Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver GAN YIN ZE Contact Number (Phone) +65-96836145 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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

l 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' 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

Sketch Plan

ALONG RAFFIE B	LUP	
GRB9562R have in	me a let Ctiviteria	
Resulting in a traffic	accided and 2140 23/07/	27
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eclare the foregoing particulars are	true in every respect.	\wedge
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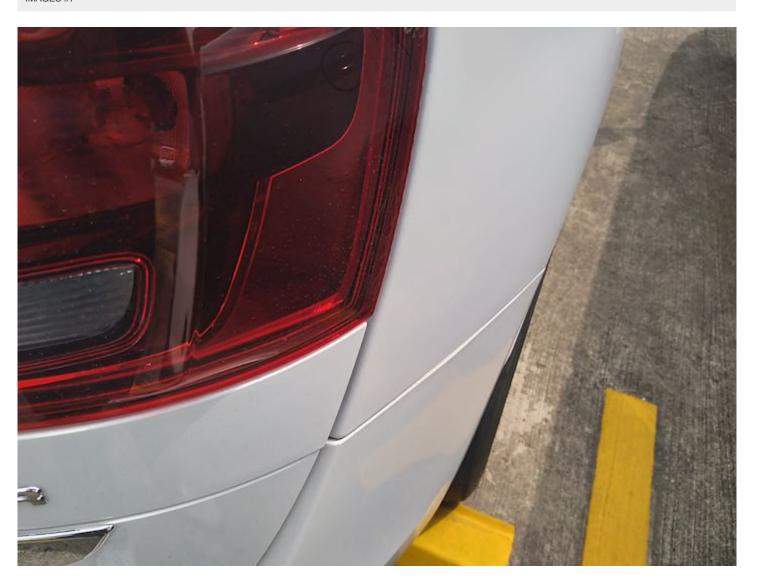


















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Report No. A/20220723/7046

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 23/07/2022 23:27	Vide Re	port No.		Station Diary No
Name Of Informant LAI MING WEI, JASPER	Address 233B St		NE #13-323 SING	APORE 822233
ID Type / ID No. NRIC NO / S9334768D	Contact Home/C	No.	Mobile: 88285922	
Nationality SINGAPORE CITIZEN	Email Address jasperlai23@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Sales manager	Male	28	23/09/1993	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 23/07/2022 21:40 - 23/07/2022 21:45	Location Of Incident RAFFLES BOULEVARD			
Brief details.				

Involving vehicle

GBB9562B,Nissan NV 200 Grey. Driver - Gan Yin Ze S9422408Z SCW1551M, Citroen Grand C4 Spacetourer - Driver - Lai Mlng Wei Jasper S9334768D

Along Raffles Blvd, GBB9562B have rear ended SCW1551M, resulting in a traffic accident at 9.40pm 23/07/2022

Both vehicles have sustained damages

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2022 23:27
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220723/7046

In SCW1551M, the vehicle carries the following personnel.

- -Lai Ying Xi Phyllis
- -Lai Ying Hui Phoebe
- -Cheah Pei Jun

GBB9562B, carries only the driver

Subjects Involve	d	The second second second	
Suspect			
Person Name	Gan Yin Ze		
ID Type	NRIC NO	ID No	S9422408Z
Gender	Male	Age	28
Race	Chinese		
Victim			
Person Name	LAI MING WEI, JASPER		
ID Type	NRIC NO	ID No	S9334768D
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	Sales manager	Address	233B SUMANG LANE #13-323 SINGAPORE 822233
Mobile No	88285922	Is Informant A Victim?	Yes

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2022 23:27
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220723/7046

ID Type	NRIC NO	ID No	T2133295F	
Gender	Female	Age	1	
Race	Chinese	Relation To Informant	Daughter	
Person Name	Lai Ying Xi Phyllis			
ID Type	NRIC NO	ID No	T1932350H	
Gender	Female	Age	2	
Race	Chinese	Relation To Informant	Daughter	
Person Name	Cheah Pei Jun			
ID Type	NRIC NO	ID No	S9238457H	
Gender	Female	Age	29	
Race	Chinese	Occupation	Accountant (excluding tax accountant)	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2022 23:27
Officer In-Charge Of Case:	Classification Of Case: