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 Actual 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 25/08/2022 13:23 (SGT) Reported by Driver Date of Accident 24/08/2022 19:05 (SGT) Exact Location of Accident Ang Mo Kio Ave 5, Singapore Additional Location Information ANG MO KIO AVENUE 5 SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFV8828P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM HUA NRIC No S0665613G Email Address CINDYOK123@GMAIL.COM Mobile Phone No (Phone) +65-96255565 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant MERCEDES BENZ / C180 AVANTGARDE (R17 LED SR) 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100400038-07

DRIVER

Name of Driver LEE CHOON THOE (LI CHUNTAO) NRIC No S7537634J Date Of Birth 19/12/1975 Occupation Indoor

Date Of Driving Pass 30/10/2014 Driving experience 7 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-92980409 Alt. Phone Number Email Address CINDYOK123@GMAIL.COM Address APT BLK 448B SENGKANG WEST WAY #15-317 Address complement Postcode 792448 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Cross Junction Weather Conditions Raining Road Surface Wet 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMW934E Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	JONG YON HOW
NRIC No	S8684572E
Contact Number	(Phone) +65-91788276
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 Form must be completed by the Policyholder and/or the Actual 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>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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

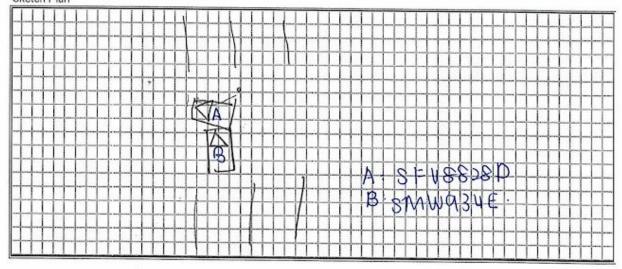
prior

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Declaration

I/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 occurence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

Driver's Signature (if driver a got the policyholder) / Date

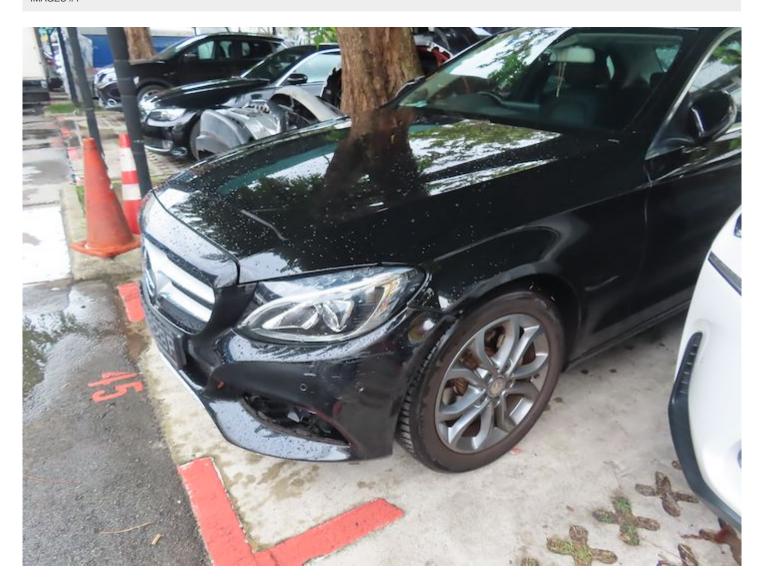
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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

		ADDE	NDUM	
A) PARTICULARS OF PERSO	N MAKING	THE AMENDM	IENTS:	
Original Report No:			Vehicle Registration No:_	SF 18828P
Name (as shown in NRIC): <u>LEE</u>	CH001	THOC NRIC/FIN/Passport No: _	5753763W
(*Vehicle Driver/Policyho	older) (*) Pl	ease delete as	appropriate	
Address:				Singapore (
Contact (Tel):	uniar i	2000	Mobile No.:	
Email Address:	ADAOE I	236094		
Date of Accident:	30 46	3/2022	Time of Accident:	105
Place of Accident:		' ANG	MORIO AVE S	
Insurance Company:		Ala		
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		car.		-
	27		Tel: 6741 583	AR CARE PTE LTD. 5 01-45/46 9 16 408716 8 15 ax: 6741 7208 2 17 ocarcare.com.sg
Policyholder / Actual Drive Date:	er's Signatu	re	Reporting Centre Pers Name (as in NRIC/ID Date:	sonnel's Signature

CACcident report SP18228P0003

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