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.

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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 29/08/2022 19:28 (SGT) Reported by Date of Accident 28/08/2022 23:30 (SGT) Exact Location of Accident Singapore Additional Location Information OPEN CARPARK OF PENANG LANE(BESIDE RED CROSS HOUE CARPARK LOT NO 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLD8363L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ASIA CAR LEASING PTE LTD Company Reg No 2XXXXX397C **Email Address** simon@asiacarrental.com.sg Mobile Phone No (Phone) +65-62828585 Alternative Phone No

VEHICLE PARTICULARS

Model Vellfire Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 2494

Manufacturer

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number SLD83631

DRIVER

Name of Driver LOH KWONG HENG(LUO GUANGQING) NRIC No SXXXX491Z Date Of Birth 28/10/1975

Occupation Outdoor Date Of Driving Pass 14/02/2003 Driving experience 19 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-84981315 Alt. Phone Number Email Address simon@asiacarrental.com.sg Address BLK 438C BUKIT BATOK WEST AVE 8 Address complement #11-1067 Postcode 653438 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Side Swipe Weather Conditions AFT RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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? No 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 PLS REFER TO THE ATTACHED STATEMENT. 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 SJT6628B Vehicle Manufacturer Vehicle Model

Private car

Accident report SN09228T000J

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number				 		. <u>-</u>
Address		 		 		_
Address complement						
Postcode						_
Insurance Company Name					 	
Nature Of Damage						_
Details of property damaged in accident						_
No. Of Passenger (Including Driver)						

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	LOH KWONG HENG(LUO GUANGQING) Male -
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SLD8363L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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 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.
- 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 hoursers' 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
- (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
- (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 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

Hym 29 (08/37) Witnessed by Reporting Centre

Sketch Plan

Vehicle (A): SLD 8363L Vehicle (B): SJT6628B Open Carpork of Penang

Lane (Beside Red Cross

House Carpark Lot No. 8)

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yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Rep	orting Centre
	G THIN	Personnel	

On 28.08.2022 at about 23:30 hours at Open Carpark of Penang Lane (Beside Red Cross House Carpark Lot No. 8), I was parked stationary at the above mentioned carpark lot and suddenly, I heard a loud bang and felt an impact from behind.

When I alighted from my vehicle (A), I realised it was vehicle (B) that collided onto the rear left portion of my vehicle (A) while making the reverse parking behind the carpark lot No.7.

Vehicle (A): SLD 8363L

Vehicle (B): SJT 6628B

















