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 07/11/2022 16:49 (SGT) Reported by Both Date of Accident 06/11/2022 17:20 (SGT) Exact Location of Accident Commonwealth Ave, Singapore Additional Location Information COMMONWEALTH AVE / QUEENSWAY JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX7901Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ROLAND SCHWINN** NRIC No SXXXX551E Email Address ROLAND.SCHWINN@MAC.COM Mobile Phone No (Phone) +65-91991254 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q3 Variant 1.4 TFSI S-TRONIC 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

Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210011404-01

DRIVER

Name of Driver **ROLAND SCHWINN** NRIC No SXXXX551E Date Of Birth 25/04/1964 Occupation Indoor

Date Of Driving Pass 01/11/2013 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-91991254 Alt. Phone Number Email Address ROLAND.SCHWINN@MAC.COM Address 16 HOLLAND HILL Address complement #12-11 Postcode 278745 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 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? 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON SUNDAY 6TH NOV 2022 AT 17:20 I WAS DRIVING DOWN COMMONWEALTH AVE TO TURN LEFT INTO QUEENSWAY.

ON SUNDAY 6TH NOV 2022 AT 17:20 I WAS DRIVING DOWN COMMONWEALTH AVE TO TURN LEFT INTO QUEENSWAY. THERE WAS NO INCOMING TRAFFIC COMING FROM THE RIGHT AND THE CARS IN FRONT OF ME WERE TURNING LEFT. I AM CONSCIOUS OF INCOMING TRAFFIC ON QUEENSWAY FROM THE RIGHT AGAIN. EVERYTHING WAS CLEAR. SO I DROVE ON. HOWEVER, THE CAR IN FRONT OF ME HAD STOPPED SUDDENLY, AND NO COMING TRAFFIC FROM THE RIGHT SO I HIT THE CAR IN FRONT OF ME, A BLACK MERCEDES GLE450 SMQ88D.

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 NumberSMQ88DVehicle ManufacturerMercedesVehicle ModelGle450Vehicle Variant-Vehicle ColourBlack



Vehicle Category	Private car
Name of Driver	XIAO RONG
Contact Number	(Phone) +65-86981888
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>.
- 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.
- 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.
- 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)

I understand, acknow ledge, 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

Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMX7901Z B: SMQ 88D.

Describe Circumstances of the Accident
Describe Circumstances of the Accident ON SUNDAY OCTH NOV 2022 CO. 17:20 I WAS INVINCE DOWN COMMON NOTIFICATION OF THE TWO QUESTIVANY. THENE WAS IN INCOMING TRAFFIC COMING FROM THE RIGHT AND THE CANS IN FROM OF THE TUNNES LEFT. I CHECKES INCOMING TRAFFIC ON QUESTIVANY FROM THE RIGHT ACAIN EVERY THING WAS CLEAR. SO I DROVE ON. HOWEVER THE CAR IN FROM OF HE HAD STOPPED DESCRIPTION OF HE HAD STOPPED SO I NET THE CAR IN FROM OF HE NACK HER COSES
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MONDROW DIE CAN IN EVON OF HE HYD SEPPED
DISPITE NO INCOMING THAFFIC FROM THE RIGHT
SO I HIS THE CAR IN FRONT OF HIS MUCK HONCOSOS
GLE STQ 383
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel









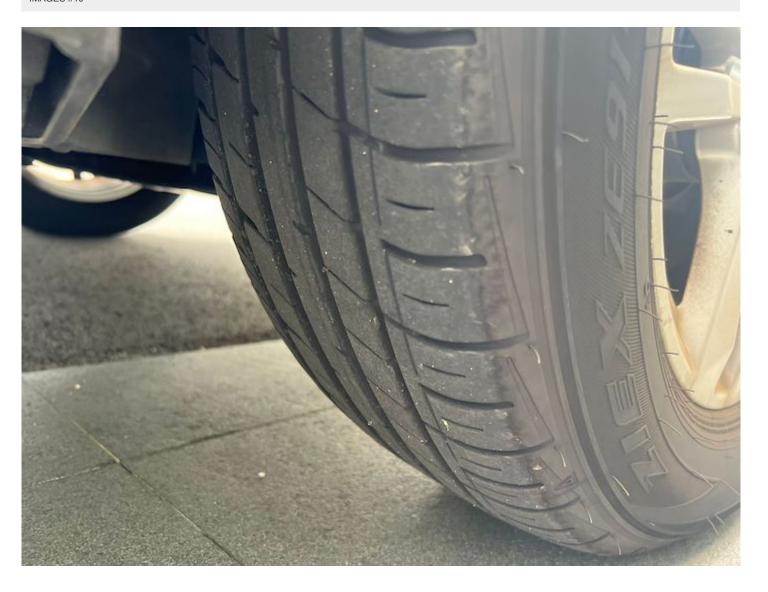












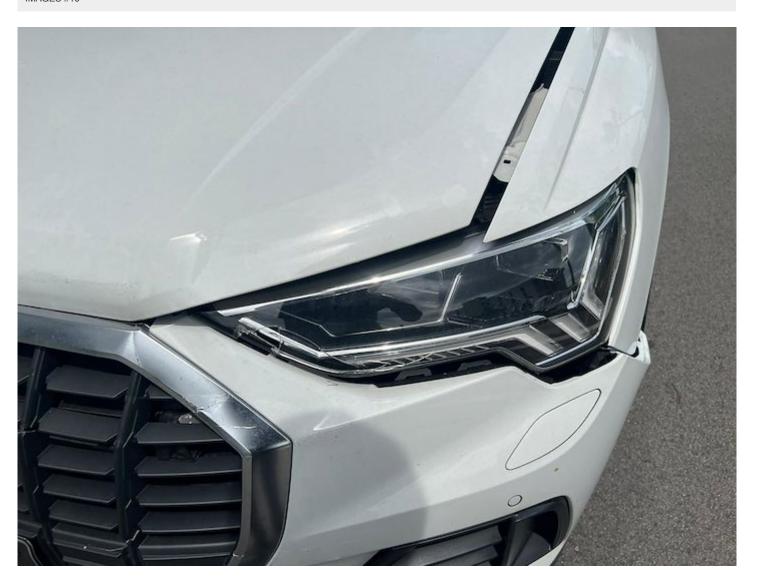






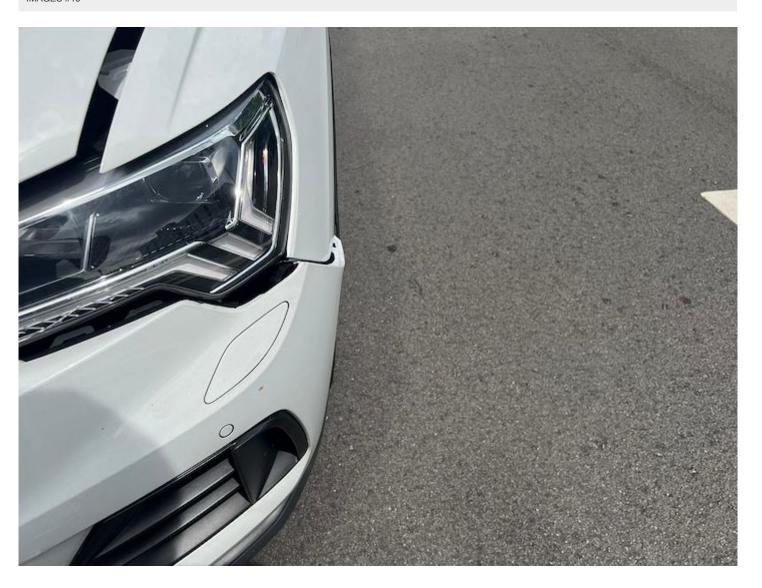
















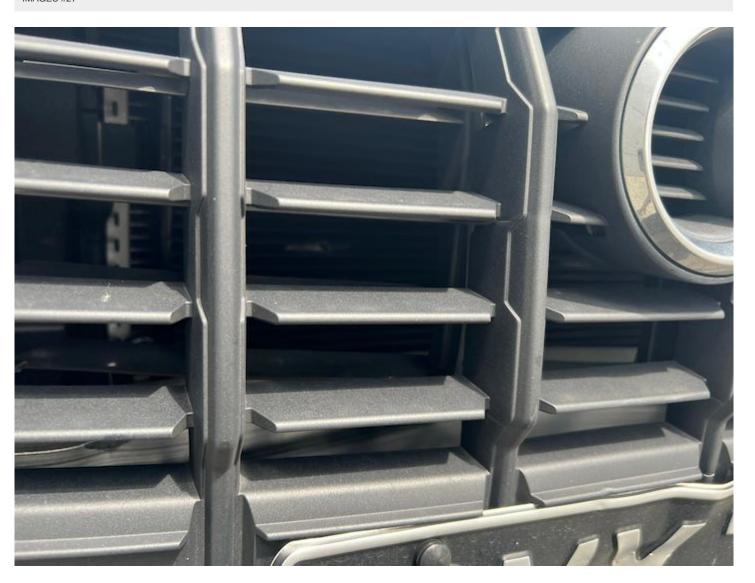
















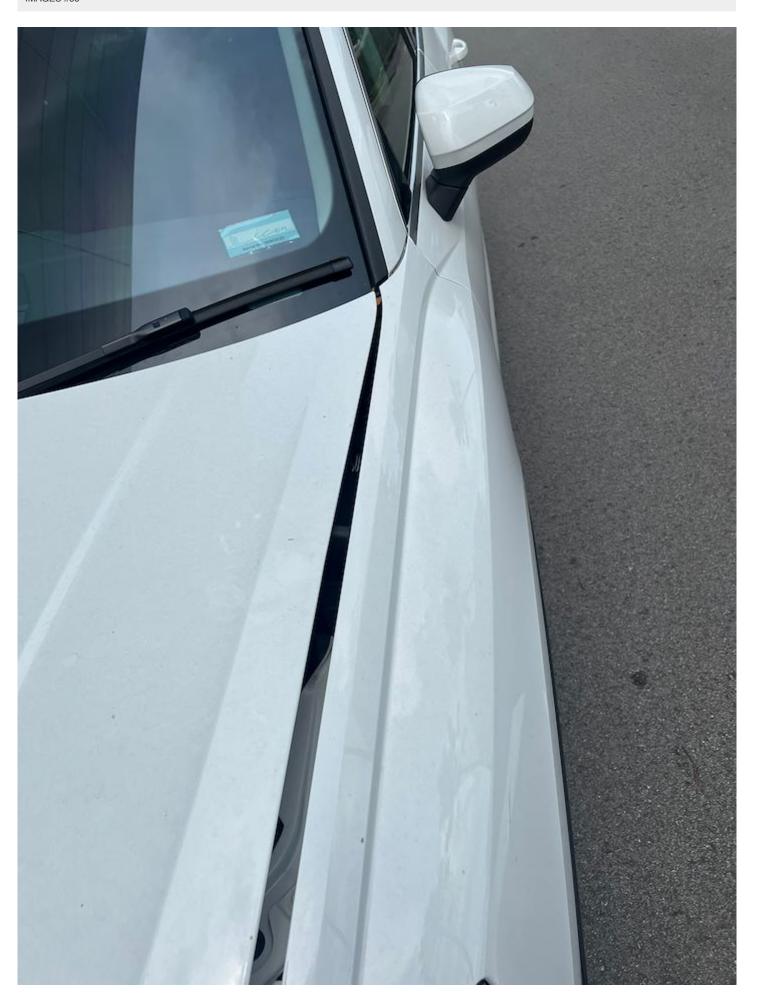
















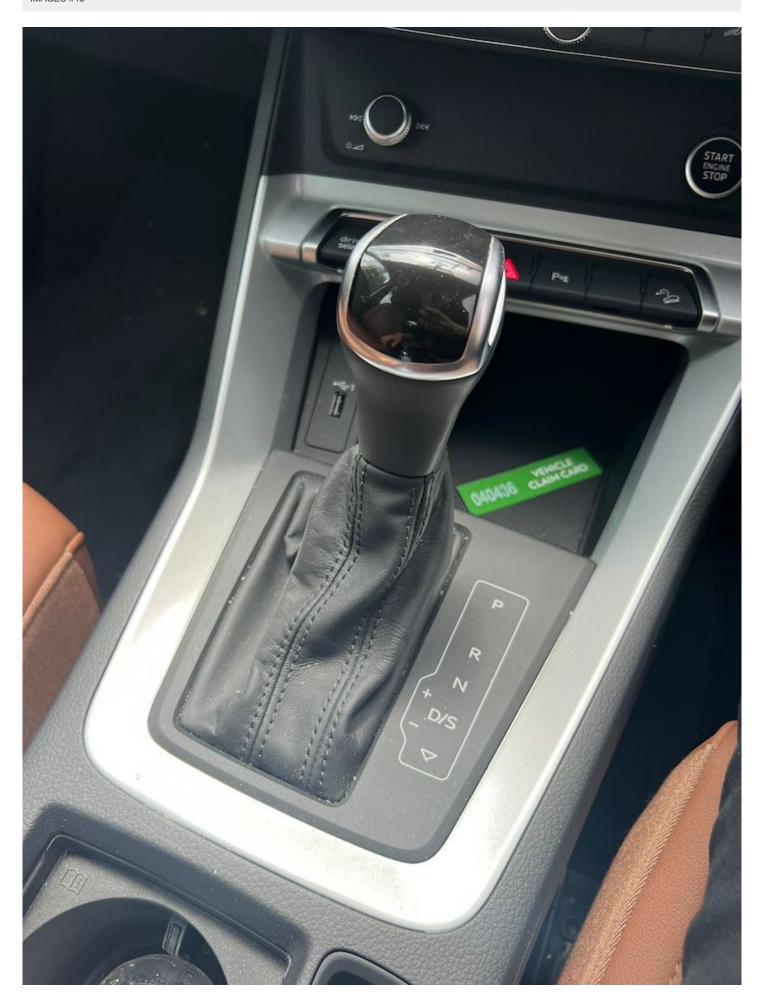














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

		ADD	ENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:		
	Original Report No	: SP1422B70002	Vehicle Registration No: SMX7901Z
	Name(as shownin NRIC	: ROLAND SCHWINN	NRIC/FIN/Passport No : SXXXX551E
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate		
	Address	: 16 HOLLAND HILL #12-11	Singapore(278745)
	Contact (Tel)	£	Mobile No.: 91991254
	Email Address	: ROLAND.SCHWINN@MA	AC.COM
	Date of Accident	: 06/11/2022	Time of Accident : 1720HRS
	Place of Accident	: COMMONWEALTH AVE/	
	Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD		
		RMATION / AMENDMENTS:	
	make the following TO ADD VIDEO F	amendments:	cident and would like to include additional information or
	2 		
			- Ju
	Policyholder / Drive Date:	er's Signature	Reporting Centre Personnel's Signature Name: Luv Oll Surs NRIC/FINNo.: 6000000000000000000000000000000000000

GIARMIC addendumform_V3