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 03/12/2022 12:57 (SGT) Reported by Date of Accident 02/12/2022 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information ORCHARD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU1255J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DR CHEN SIEW NYONG ROSALINE NRIC No S0273353F Email Address rsnkhoo@yahoo.com.sg Mobile Phone No (Phone) +65-93705657 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Note 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

your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900023516

DRIVER

Name of Driver DR CHEN SIEW NYONG ROSALINE NRIC No S0273353F Date Of Birth 17/03/1943 Occupation Indoor

Date Of Driving Pass 19/02/1964 Driving experience 58 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-93705657 Alt. Phone Number Email Address rsnkhoo@yahoo.com.sg Address **5 HOLLAND GROVE AVENUE** Address complement Postcode 278922 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 - Change/cross lane 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? 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 SEE ATTACHED. 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 SMY3760J Vehicle Manufacturer Vehicle Model Vehicle Variant

Private hire

JIMMY GOH

(Phone) +65-91014405

Vehicle Colour
Vehicle Category

Name of Driver

Contact Number

Address	-
Address complement	_
Postcode	_
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	0

SKETCH PLAN

IMPORTANT NOTICE

- L. 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 Flower.
- Information provided must be as <u>huntrial and accurate as opsable</u>. Any willid inscrepresentation or withholding of material facts may allow instruance 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.
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapare (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's 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 flawyers/flaw 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

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan

Accident Location:			
Accident Date:	Time:	am/pm	
Owner Email:		Driver Ema	uil:
*)			
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11	eare see	allached	
	144	7	
	Malens	nt	
THER VEHICLE NO IN	VOLVE DETAILS	1-	
THER VEHICLE NO IN /eh No: Hp: /eh No: Hp:		ax: Driver Nam	e:

IWe 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 Recyrling Centre Personnel

ON 02.12.2022 AT ABOUT 4.30PM, I WAS TRAVELLING ALONG ORCHARD ROAD TOWARDS GRANGE ROAD. THERE WAS A SEVERE TRAFFIC JAM. AS I TURNED RIGHT THE CAR ON MY RIGHT UNEXPECTEDLY MOVED OUT TOWARDS MY RIGHT. I HEARD A SCRATCHING SOUND. THERE WAS A MINOR COLLISION INVOLVING MY CAR AND SMY3760J. I PULLED MY CAR TO A STOP NEAR THE DIVIDER TO INSPECT THE DAMAGE. IT WAS RAINING HEAVILY.MR JIMMY GOH, THE DRIVER OF SMY3760J CAME OUT TO INSPECT ALSO. HE WAS HOLDING AN UMBRELLA AND HE ALSO HELPED TO HOLD MY UMBRELLA AS I TOOK A PICTURE OF HIS SLIGHTLY DAMAGED FRONT LEFT BUMPER. HE TOOK A PICTURE OF MY DRIVER LICENCE AND ALSO SENT ME HIS H/P NO VIA WHATSAPP. ALL THE WHILE WE WERE STANDING IN THE RAIN HOLDING OUR UMBRELLAS. HE WAS PERFECTLY NORMAL, NOT IN PAIN, SPOKE CALMLY AND SHOWED NO SIGNS OF INJURIES.

ON 03.12.2022 I ASKED MY WORKSHOP, TAN CHONG MOTOR, TO ASSIST ME TO CALL MR JIMMY GOH THE OTHER PARTY INVOLVED IN THIS ACCIDENT. TAN CHONG CALLED MR KOK HOW (JIMMY GOH'S WORKSHOP) H/P: 87781765. I WAS INFORMED BY MR JIMMY GOH'S WORKSHOP, THAT HE WAS INJURED AND CLAIMING INJURIES VIA HIS LAWYER. AS HE IS CLAIMING BODILY INJURY WHICH HE DID NOT SUSTAIN, I CANNOT MAKE A PRIVATE SETTLEMENT WITH HIM. HENCE, I AM FILING THIS AS A "REPORTING ONLY".

KINDLY REFER TO THE PHOTOS OF DAMAGE TO HIS CAR AND MY CAR.

DR CHEN SIEW NYONG ROSALINE

R. Chen

SKU1255J































