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 27/12/2022 17:20 (SGT) Reported by Date of Accident 24/12/2022 14:30 (SGT) Exact Location of Accident Orchard Turn, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SKK300X**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Ng Chui Guat NRIC No SXXXX442F Email Address michelechiaxinyi@gmail.com Mobile Phone No (Phone) +65-96642348 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer LandRover Model Evoque Variant RR Evoque 2.0P R-Dynamic SE (200PS) Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210092219

DRIVER

Name of Driver Chia Xin Yi, Michele NRIC No SXXXX349B Date Of Birth 21/11/1988 Occupation Indoor

Date Of Driving Pass 12/09/2007 Driving experience 15 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-96730632 Alt. Phone Number Email Address michelechiaxinyi@gmail.com Address 12 Amber Rd #06-06 Address complement Postcode 439858 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 - Change/cross lane 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? Yes Police Station Name Marina Bay Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002229999 Alt. Police Station Phone No (Fax) +65-64359276 Police Station Address No 70 Marina View Singapore 018962 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO 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 YQ1388P Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
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

- 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.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations flaws or court orders.

Police 's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No .:

SKETCH PLAN

Refer	to	atticived	Pollice 1	jebat.
	3 11 10			
			7/	
ARATIO	W.	10 80 80	1	1
declare th	forego	ing particulars are	true in every res	pect.
polgerss	gnature	n	river's Signature	Reporting Centre Personnel's Signatur
& Time:	Printale	41	f driver is not the	oolicyholder) Name:













SINGAPORE POLICE FORCE



Report No. T/20221225/2054

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

REPORT OF	F A TRAFFI	CACCIDENT		Station Diary No.	
Date/Time Report Made: 25/12/2022 16:24		Made:	Vide Report No.: Station Diameter 48		
Informan	t's Partic	ulars			
Name of	Informant: YI, MICH		Address: BLK 12 AMBER ROAD #06-06	S SINGAPORE 439858	
ID Type / NRIC NO	ID No.: / S88453	49B	Contact No.: Home/Office:	Mobile: 96730632	
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Female	Age: 34	Date of Birth: 21/11/1988	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2022 14:30	Type of Location Straight Road
Location: ORCHARD T	JRN	Road Surface:	l R	toad Speed Limit:
AACOURTOIL		Dry		Control of the Contro
Clear		Lity		NAMES OF THE OWNER, WHEN THE PARTY OF THE PA
Clear Traffic Flow:		Traffic Control:	Т	raffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKK300X	Car	LAND ROVER	RR EVOQUE 2.0P (200PS) R- DYNAMIC SE S/R	White	Slightly Damaged	0
YQ1388P	Lorry			White	Slightly Damaged	0



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 T/20221225/2054

2 of 3 Report No. T/20221225/2054

CONTINUATION OF REPORT

Detalls of Perso			Department of the			
Any Pedestrian II	ivolved: No		11.	doctriar	Cross	ing: NA
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA				
DIMEN.				DIMES!	3.54500	S8845349B
Name	CHIA XIN YI, MICHELE			ID No		S8845349D
Related Vehicle	SKK300X (Car)			Conta	ct No.	96730632
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	No. of the last of	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 24/12/2022, at about 2.30pm, I was driving my vehicle of vehicle plate number SKK300X along Orchard Turn from Ngee Ann City towards direction of Wisma Atria. I was driving on the right lane of 2 lanes, intending to drive straight. The traffic at the time was slow-moving, and I recalled a lorry of vehicle plate number YQ1388P driving on the lane to my left.

The said lorry inched towards my lane as I was driving forwards. As such, my left mirror folded in after the lorry squeezed into my lane. I turned on my hazard lights and stopped the vehicle on the left side of the road. However, the lorry driver overtook my vehicle and drove off. I followed him and saw him slowing down near a loading/unloading bay.

I approached the driver, a foreign Indian man, and requested to exchange contact details. However, he refused and went about his day. I will be reporting the matter to my insurance company on Tuesday, 27/12/2022. I have in-car camera footage of the incident.



POLICE FORCE

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 T/20221225/2054

3 of 3 Report No. T/20221225/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan