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 30/12/2022 16:29 (SGT) Reported by Date of Accident 30/12/2022 13:20 (SGT) Exact Location of Accident Tampines, Singapore Additional Location Information Junction Tampines Link & tampines Ave 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS2322R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Koh Leong Poh Kevin(Xu Liang Bao Kevin) NRIC No S7218983C Email Address kohkevin@yahoo.com Mobile Phone No (Phone) +65-96699665 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai Variant SUV 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 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1700052615-05

DRIVER

Name of Driver Koh Leong Poh Kevin(Xu Liang Bao Kevin) NRIC No S7218983C Date Of Birth 05/06/1972 Occupation Indoor

Date Of Driving Pass 07/05/1990 Driving experience 32 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96699665 Alt. Phone Number Email Address kohkevin@yahoo.com Address 27B Jalan Memina #12-132 Address complement Postcode 164027 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

DETAILS OF POLICE ACTION

Translator's ID

Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom?

Translator's name

Translator's phone number Translator's email Original language used in the statement

CIRCUMSTANCES OF ACCIDENT

Rear ended car SLL6663S driven by Amanda Jillian Toh Tong Jie (S8701899G) at junction of Tampines Link and Tampine Ave 10 (Left turn from Tampines link to Tampines Ave 10) Looking at traffic from right and did not realised SLL6663S braked at left turn .Rear ended the car.

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 **SLL6663S** Vehicle Manufacturer Mercedes Vehicle Model C180 Vehicle Variant Vehicle Colour Gray Vehicle Category Private car

Name of Driver	Amanda Jillian Toh Tong Jie
Passport No/FIN	S8701899G
Contact Number	(Phone) +65-83666981
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	right hand rear
Details of property damaged in accident	Right hand rear comb lamp, rear portion
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Flease 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>.
- 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 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 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 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")

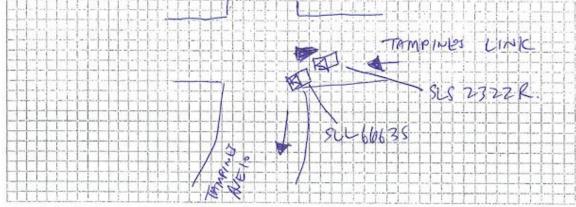
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 2-3 + PM

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
Pear ended car SUL 66635 driven by Amanda Jillian Teh Tons Jie (S87018996) at Jundon of Tampines with and Tampines Ave (0 (Left turn from Tampines Link + Tampines Ave 10)
Amanda Jillian Toh Tong Jie (87018996) of
Amanda Jillian Toh Tong Jie (87018996) of
Ullet turn from Tampines Link to Tampinos Are 10)
Looking at traffic from right and all not radised SUL 66635 braked at left turn.
realised SU 66635 bated at left turn.
Rear ended the cor.
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 2-37 PM

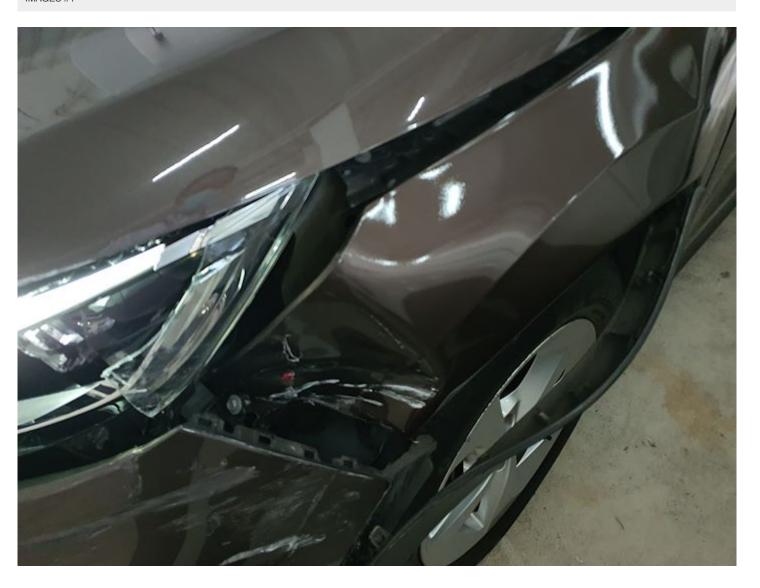
s Signature / Date & Driver's Signature (if driver is not the policyholder) / Date

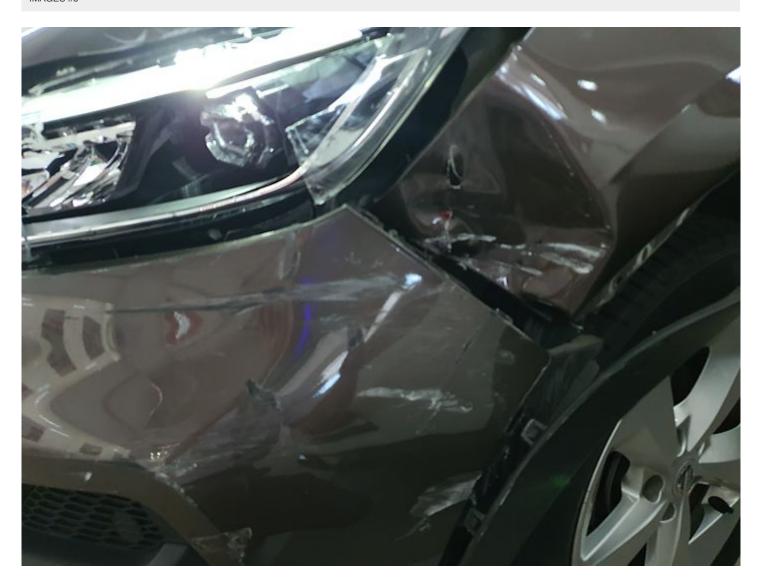
Witnessed by Reporting Centre Personnel



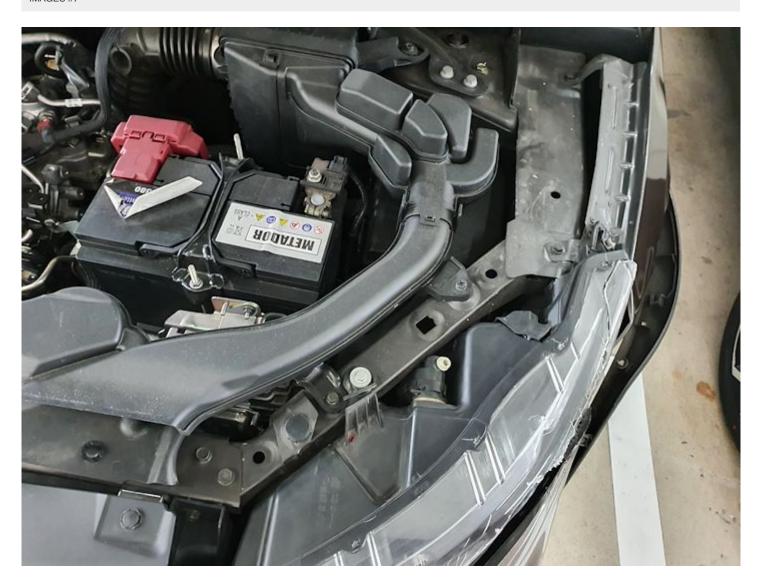


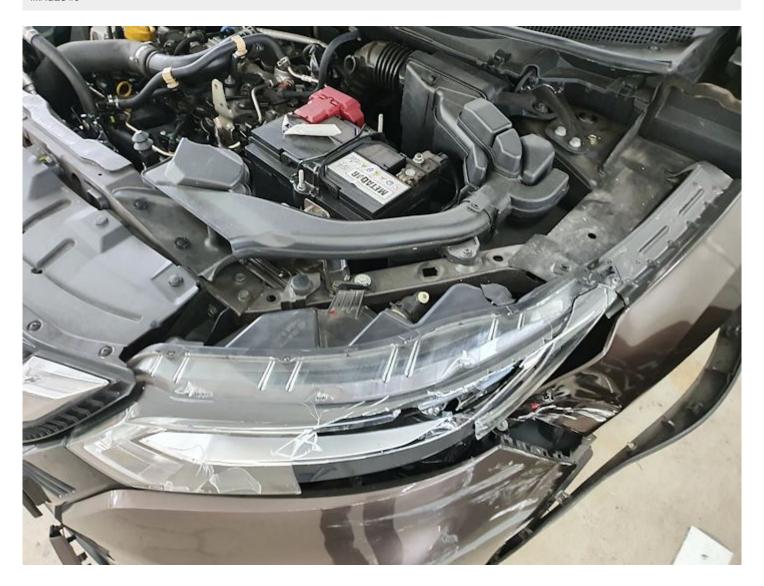


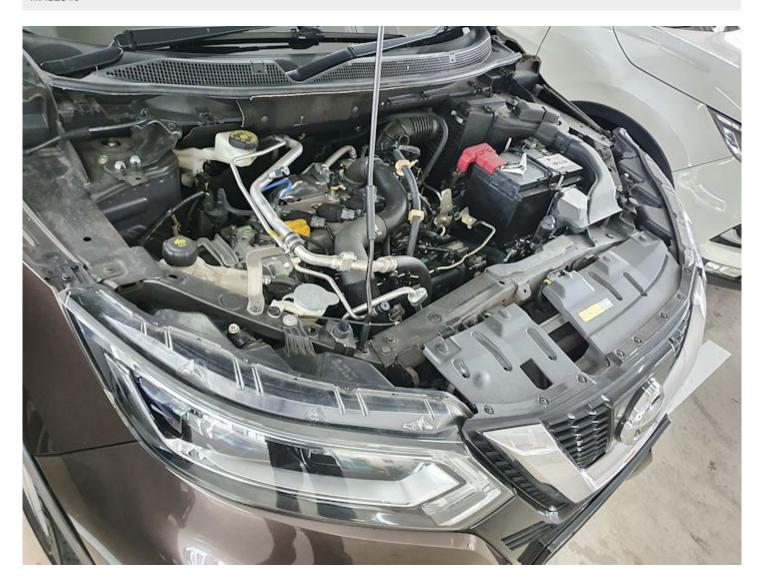


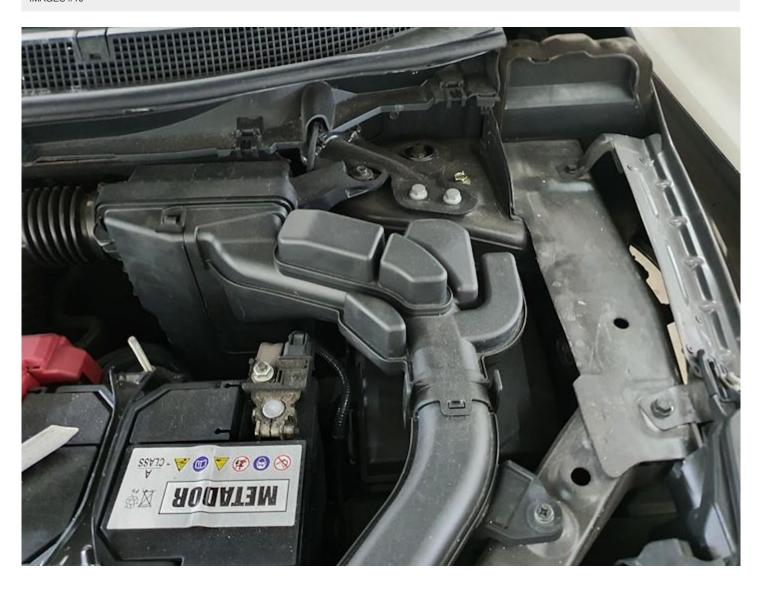






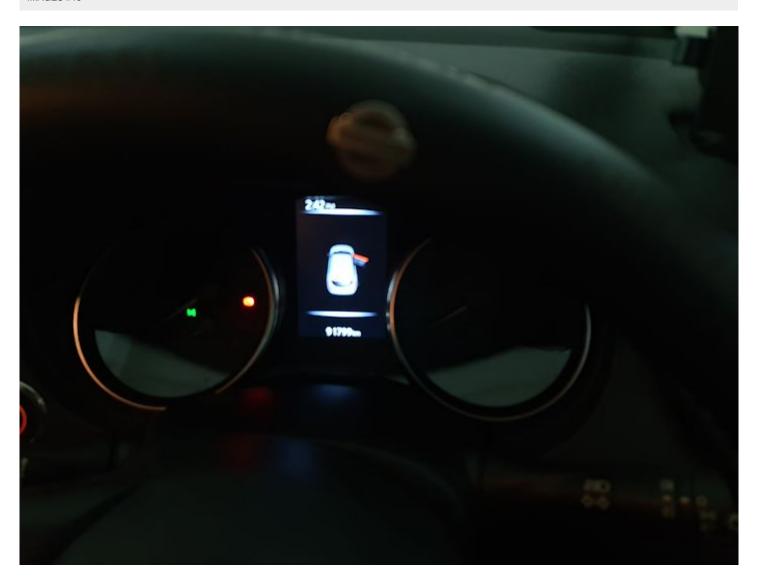




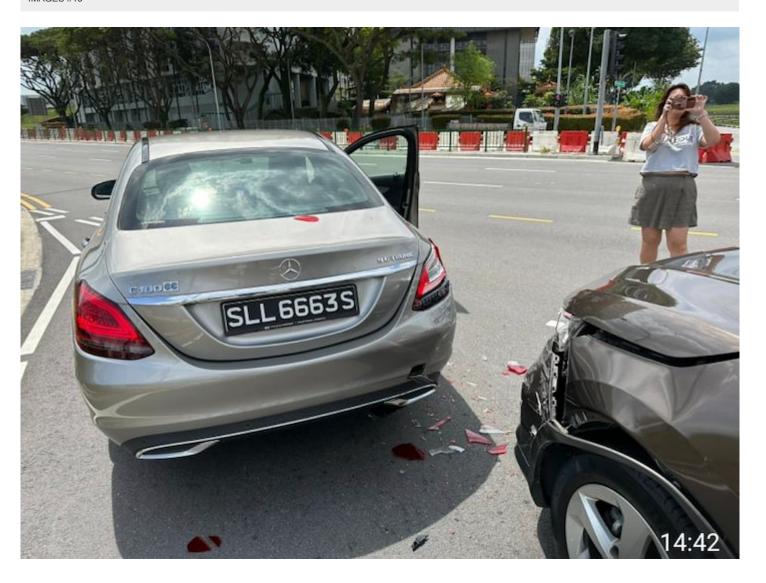


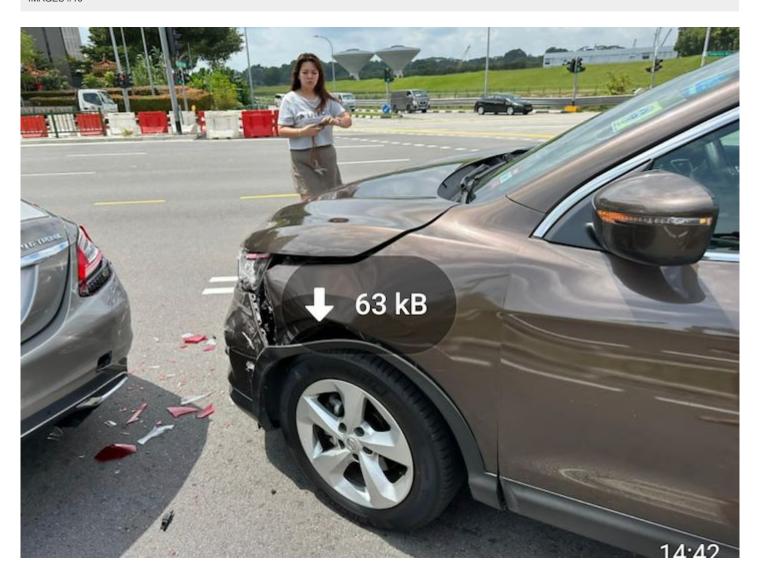


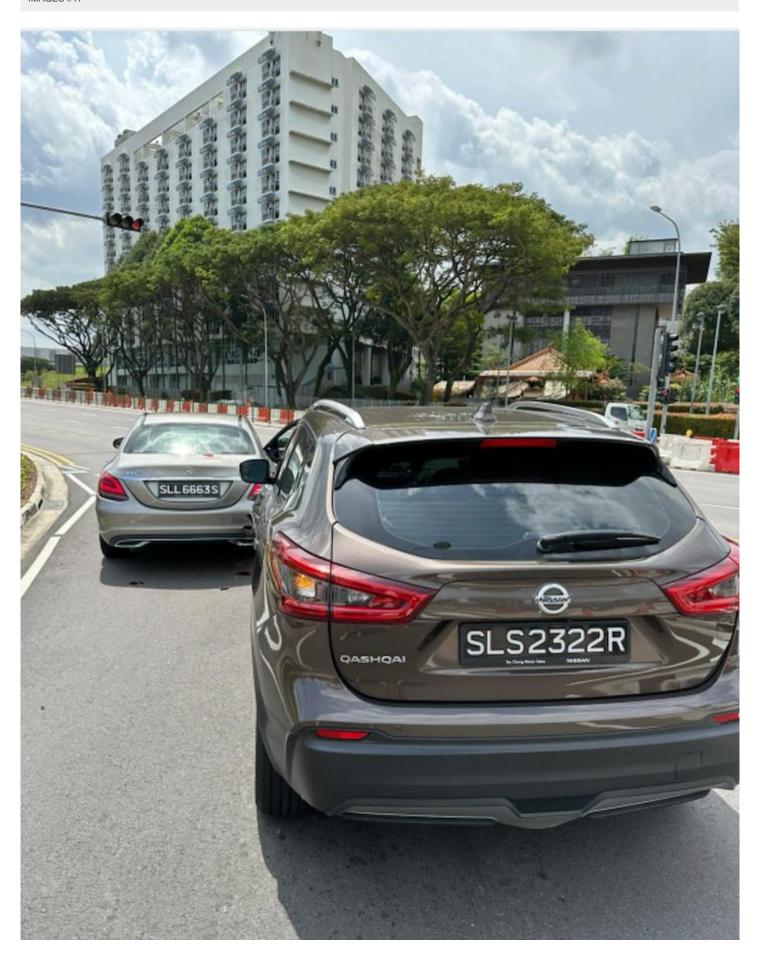


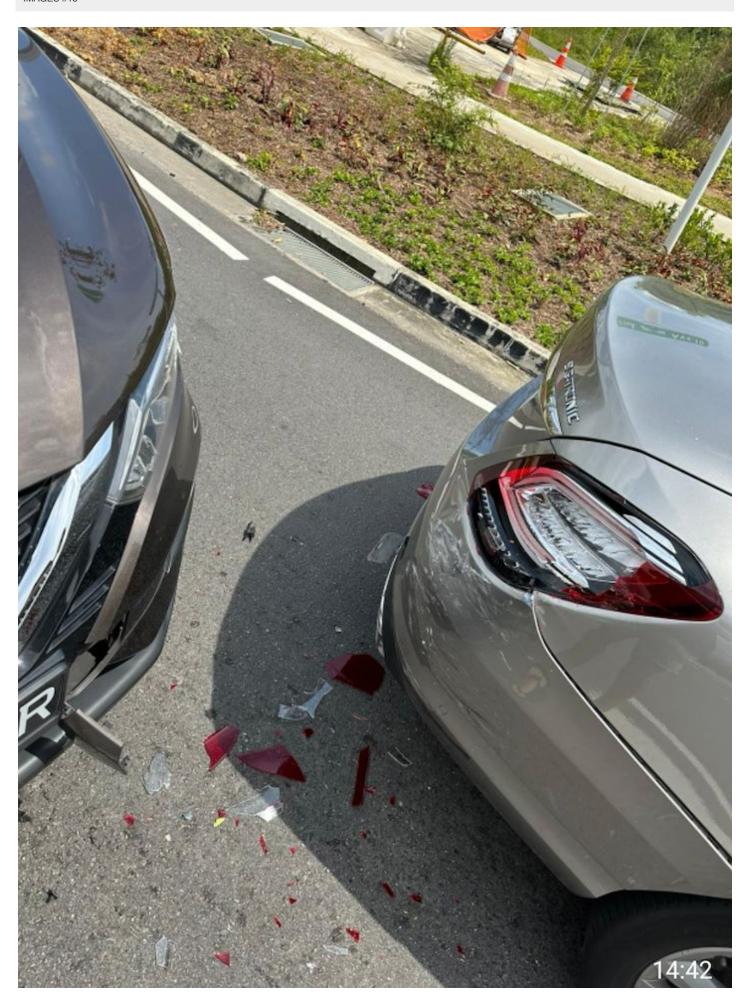














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

Original Report No: ST0U22C0002	Vehicle Registration No:	SLS2322R
Name (as shown in NRIC): KOH LEONG POH KEV	NRIC/FIN/Passport No:	SXXXX983C
(*Vehicle Driver/Vehicle Owner) (*) Please delete	as appropriate	
Address:		Singapore (
Contact (Tel):	Mobile No.: 96699665	
Email Address: kohkevin@yahoo.com		
Date of Accident: 30/12/2022	Time of Accident: 1320	
Place of Accident: JUNCTION OF TAMPINES LI	NK & AVE 10	(0)
Insurance Company: AIG ASIA PACIFIC INSURA	ANCE PTE LTD	
make the following amendments: INSERT INSURED FULL NAME	ent and would like to include a	dditional information (
make the following amendments:	ent and would like to include a	dditional information (
make the following amendments:	ent and would like to include a	dditional information (
INSERT INSURED FULL NAME	ent and would like to include a	dditional information of
make the following amendments:	Reporting Centre Per	

NRIC/FIN No.: SXXXX582D

Date: 03/01/2022

GIARMC Addendum Form

