SN08231Q0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/01/2023 17:42 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/01/2023 17:42 (SGT))

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.

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 26/01/2023 17:42 (SGT) Reported by Driver Date of Accident 21/01/2023 16:10 (SGT) Exact Location of Accident Alexandra Rd, Singapore Additional Location Information JUNCTION OF COMMONWEALTH AVENUE TOWARDS **DAWSON** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number GY14X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KUEHS AND SNACKS Company Reg No 5XXXX435B Email Address gohweijie91@gmail.com Mobile Phone No (Phone) +65-90223062 Alternative Phone No

VEHICLE PARTICULARS

Model L300 Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Manufacturer

Vehicle Category Commercial vehicle Transmission Manual CC 2477

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900232376-03

DRIVER

Name of Driver **GOH WEI JIE** NRIC No SXXXX746J Date Of Birth 04/01/1991

Occupation Indoor Date Of Driving Pass 27/09/2010 Driving experience 12 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96234236 Alt. Phone Number Email Address gohweijie91@gmail.com Address BLK 125 BUKIT MERAH LANE 1 #01-164 Address complement Postcode 150125 Is the driver the policyholder? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? 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 PLEASE REFER TO SKETCH PLAN 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

Vehicle Manufacturer

Wehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SDD7888R

Mazda

Valage

Mazda

Vehicle Category

Private car

BEBE SERELLI LEE

NRIC No	SXXXX821D
Contact Number	(Phone) +65-83336858
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SNG9686J Lexus
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XIN XIAODONG
NRIC No	SXXXX860I
Contact Number	(Phone) +65-90231687
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 <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- 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 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.
- 5. 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 envelopesimali 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.

KUEHS AND SNACKS

26/01/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Policyholder's Rignature / Date & Time 26012023 16-24

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

COMMON WEALTH Sketch Plan LAME RATHMORE SN696865 GY14 X SDD 18880 ALEXANDRA RD

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ort of Noidet 21 Jan 2023	
- nr n in i Nagari in in Am	
ocation of Accident Tungton of Alexandra Road to and common	wealth Ave Alexandra
Road towards and son / Arathmore.	
un coden	
the traffic light was red for the Rocal towards downson little van and the Lexus infront are af a complete stop in the Lexus was the first car in line, my van is second. I set	t a bump and n tran behind delptic
noticed a blue mazon (those the very brakes engaged, me the red traffic light Even with my brakes engaged, me due to the impact from the bump and cortacted the	y van want forward e Lexiv at a low
impact hence the Lexus morror back bumper schalche	
my von two took the impact from the back and the day structure him duted preventing it from opening.	ne back bumper and
day structure uns careto presump	
Declaration	9
I/We declare the foregoing particulars are true in every respect.	/ _
WEHS AND MINACKS	per solor/20
Policyholder's Signature / Date & Time Actuat Driver's Signature (if driver is not the policyholder) 26 o 1 26 23 / Date & Time	Vitenessed by Reporting Centre Perso (Name as in NRIC/ID card)
16.26	

Accident report SN08231Q0003























































