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 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 23/02/2023 10:51 (SGT) Reported by Owner Date of Accident 22/02/2023 11:20 (SGT) Exact Location of Accident Singapore Additional Location Information Slip road toward ECP between Laguna Park and Victoria School Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SCJ168L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Meng Kwang Ong NRIC No S6918747A ongmk@aia.com.sg Email Address Mobile Phone No (Phone) +65-91810168 Alternative Phone No

VEHICLE PARTICULARS

Model 216i Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1499

Manufacturer

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070176694-02

DRIVER

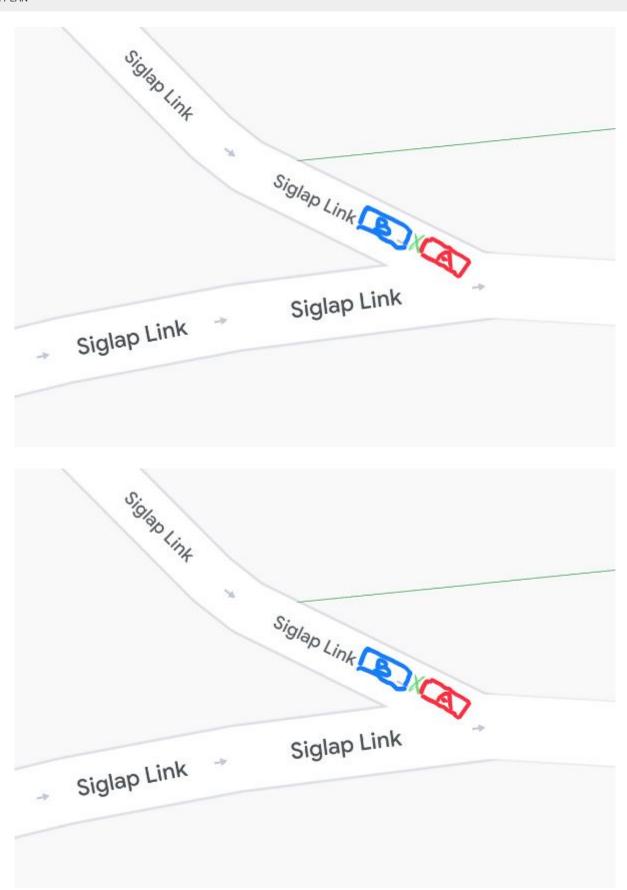
Name of Driver Sharon Quek NRIC No S7135096G Date Of Birth 10/10/1971

Occupation Outdoor Date Of Driving Pass 07/03/1994 Driving experience 28 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-97480022 Alt. Phone Number Email Address ongmk@aia.com.sg Address 5000A MARINE PARADE ROAD Address complement LAGUNA PARK Postcode 449284 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Head to Rear 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 Third party A sudden stopped at the junction and Insured vehicle B have no time to react and hit the rear of vehicle A. Both vehicles was not damaged ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV2040M Vehicle Manufacturer Vehicle Model Vehicle Variant

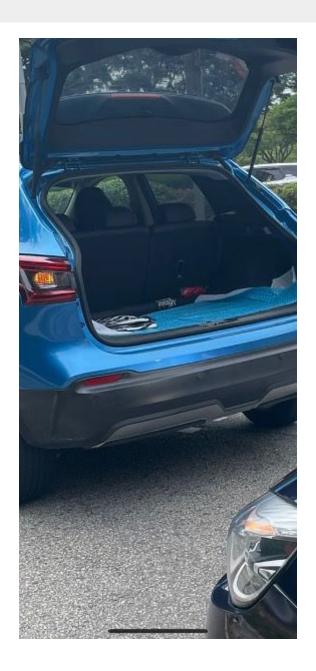
Private car

Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-92395539
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_













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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA01232N0003 _____ Vehicle Registration No: SCJ168L Name (as shown in NRIC): MENG KWANG ONG NRIC/FIN/Passport No: S6918747A (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 5000A MARINE PARADE ROAD LAGUNA PARK _ Singapore (449284) Mobile No.: 91810168 Contact (Tel):__ Email Address: ongmk@aia.com.sg _____ Time of Accident: 0942hrs Date of Accident: 23.02.2023 Place of Accident: SLIP ROAD TOWARDS ECP BETWEEN LAGUNA PARK AND VICTORIA PARK SCHOOL Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: ACTUAL ACCIDENT DATE & TIME SHOULD BE: 22.02.2023 @ 1120hrs

Policyholder / Driver's Signature Date:

22(3(2023

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: Date:

GIARMC Addendum Form