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 07/03/2023 17:47 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/03/2023 08:50 (SGT) Exact Location of Accident Newton Circus, Singapore Additional Location Information Along Newton Circus Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number SLE585K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Ethan Yi-Peng Koh NRIC No SXXXX363B Email Address ethankohyp@gmail.com Mobile Phone No (Phone) +65-97346692 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A3 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? Vehicle Category

Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100477030-06

DRIVER

Name of Driver Ethan Yi-Peng Koh NRIC No SXXXX363B Date Of Birth 23/10/1989 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/06/2009 13 YEARS AND 9 MONTHS Male (Phone) +65-97346692 - ethankohyp@gmail.com 23 East Sussex Lane - 279809 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's phone number Translator's email Original language used in the statement	- - -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
	oump from behind and saw an SBS bus behind me. There was no ong Scotts Rd. I drive around the circus and stopped behind him. We I H. My rear right car damage is documented and given to insurance
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

CACcident report SP1423370003

Vehicle Registration Number SBS3401H

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Bus
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 <u>correctly</u> 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 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 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

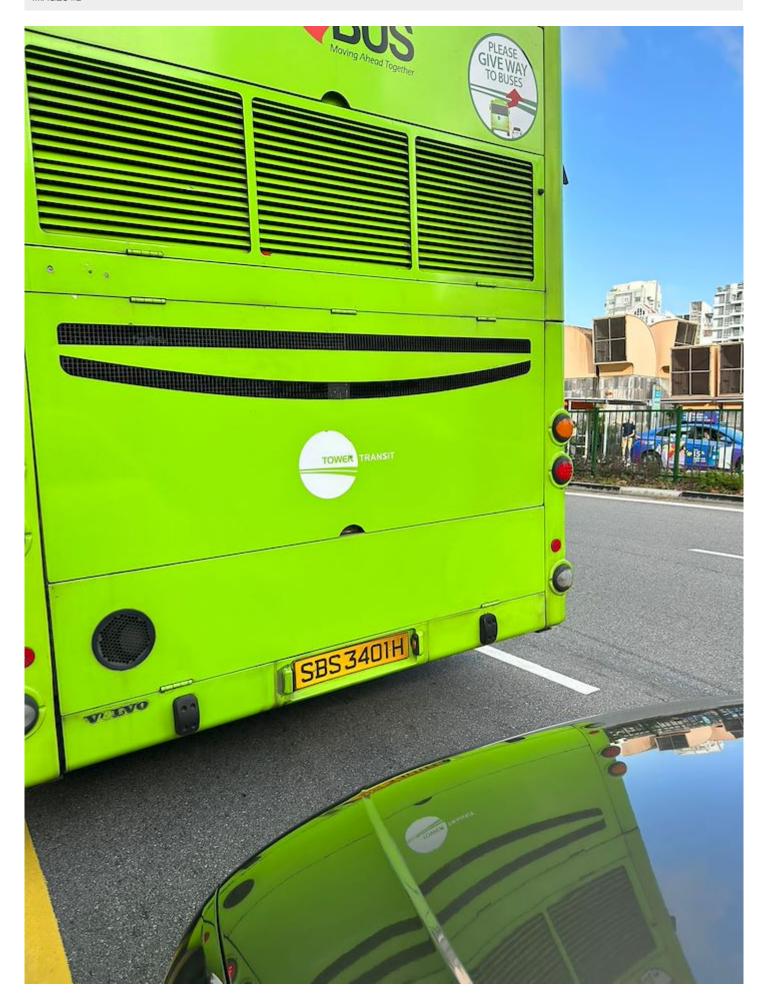
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
- (ii) 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.

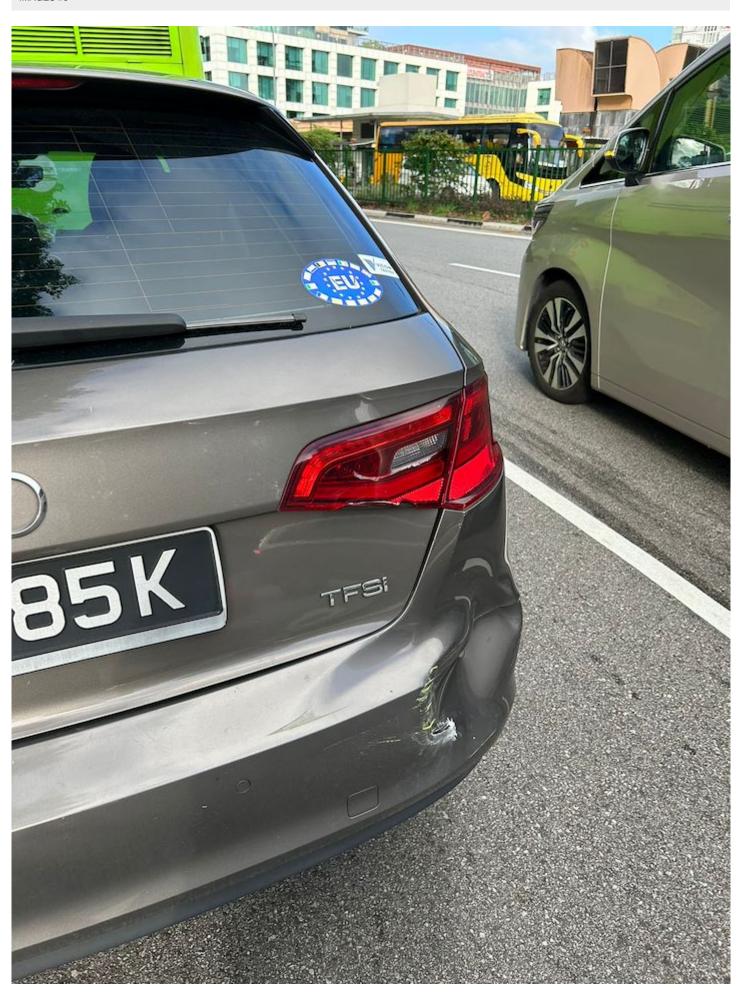
(collectively the "Purposes")

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

0852H; 7 m	is going around Newton Circles (exited prouton ted going together Bulti
Time	as going around Newton Circus (exited Newton Rd going tourids Bukit h Rd) on simposibile lane contactly as there was honly taffic and multip
Tank to IV	1 . a. a
As	I slorly draw around I felt a burnt from behind and soon on SBS be
· ·	section one. There was no high boom/born prior to the End collision.
The	drive stapped his bis along Scotts Pd.
7.4	edicate around the arrive and strong helped him.
L	e exchanged a convertion and talk pictures.
	Bus a plate: SBS 3401H.
,	my rear right car domage is obcurrented and given to incurance a
1	e exchanged a conservation and tak pictures. Bus a plate: SBS 34014. My rear right car damage is abcumented and given to increase a The basis front busper obtained some secretters minor damage.
7	the joint decision was to chian from insurance.
5-310	
Declaration	
We declare the foregoing	particulars are true in every respect.
1	STOMOBILE
1.	
1/4	
	NA + W
Policyholder's Signature / D	Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Cent
Time	& Time Personnel
	7/3/2023 0









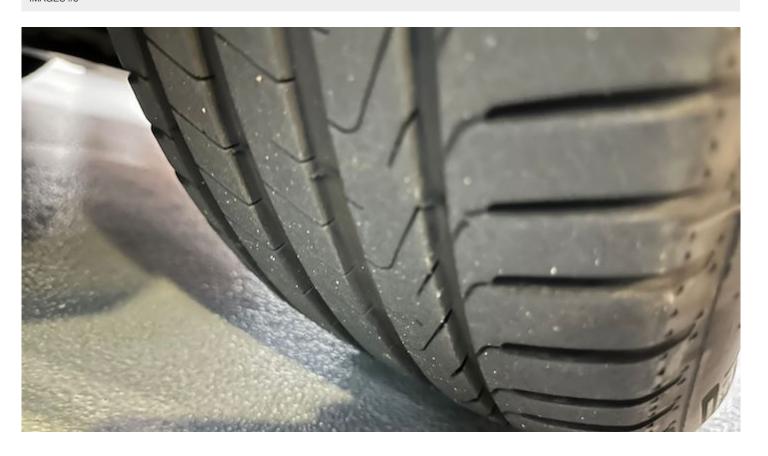














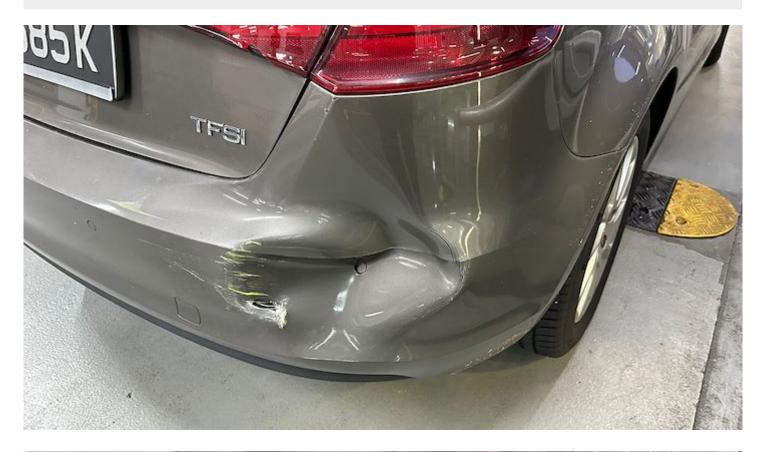






































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

		ADDE	NDUM	
A)	PARTICULARS OF P	ARTICULARS OF PERSON MAKING THE AMENDMENTS:		
	Original Report No	: SP1423370003	Vehicle Registration No: SLE 585 K	
	Name(as shownin NRIC	: Ethan Yi-Peng Koh	NRIC/FIN/PassportNo : SXXXX363B	
	(*Vehicle Driver / V	ehicle Owner) (*) Please delete a	as appropriate	
	Address	: 23 East Sussex Lane	Singapore(279809	
	Contact (Tel)	;	Mobile No. : 97346692	
	Email Address	ethankohyp@gmail.com		
	Date of Accident	: 07/03/2023	Time of Accident : 08:50	
	Place of Accident	; Along Newton Circus		
	Insurance Company	y: AIG Asia Pacific Insurance F	Pte. Ltd.	
		HIRD PARTY CLAIM TO CLAI		

Accident report SP1423370003

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