Date of Accident : 14/04/2023 Accident Time: 1630 (24-HR-FORMAT)

Accident Place : Blk 253 Jurong East St 24 Open Carpark

Vehicle Reg. No (Car plate No.) : SLE 31S CC 2000 Vehicle Make/Model: BMW 520i

Insurance Company : AIG Policy No 7220063614

Name of Registered Owner : Company / Individual Ng Bing Hong

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9228548J

OWNER EMAIL ADDRESS : koen.carpentry.sg@gmail.com Co Contact No: _____ Owner's Contact No: 88083190

DRIVER'S Name : Ng Bing Hong DRIVER'S NRIC No: S9228548J

DRIVER'S Date of Birth : 10/08/1992 DRIVER'S License Pass Date 23/07/2011

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self

DRIVER'S Address : 949, Jurong West St 91, #09-701, S(640949)

DRIVER'S Contact No./ Alt No. : 1) 88083190 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : koen.carpentry.sg@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : *Reporting Only* \ *Claim Other Party* \ *Claim Own Insurance*

Number of Passengers (including Driver): 0 Name & Gender: _____

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes(name of the injured person)_____

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBD674K	Vehicle Reg No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

SKETCH PLAN

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 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.

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' 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 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

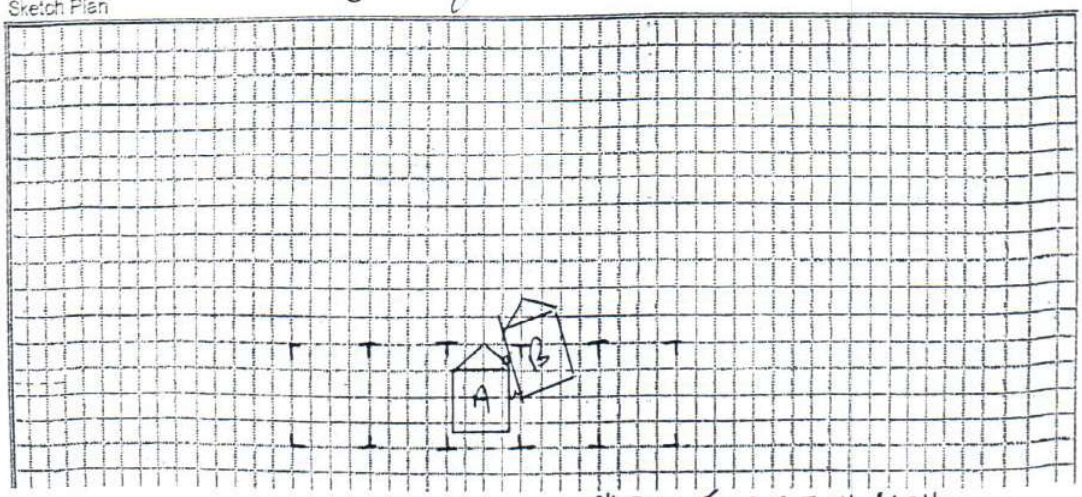
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



A: SLE315
B: GBD674K

Blk 253, Jurong East St 24
open carpark

Describe Circumstance of the Accident

On the stated date and time, my vehicle was parked at Blk 253 Jurong East St 24 open carpark. When I went back to my vehicle, I discovered damages to the front right portion of my vehicle. Awhile later, the other party whom hit onto my vehicle came back and admitted to his fault on hitting onto my vehicle when exiting the parking lot.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel