

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 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. 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 17/05/2023 16:58 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 16/05/2023 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLOCK 124 MCNAIR ROAD CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW96Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POH KOK CHIA , DON (FU GUOQUAN)
NRIC No SXXXX829Z
Email Address giveittodon@gmail.com
Mobile Phone No (Phone) +65-91593605
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Lamborghini
Model Aventador
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 6498

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220145597

DRIVER

Name of Driver POH KOK CHIA , DON (FU GUOQUAN)
NRIC No SXXXX829Z
Date Of Birth 09/01/1988
Occupation Indoor

Date Of Driving Pass	08/01/2009
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91593605
Alt. Phone Number	-
Email Address	giveittodon@gmail.com
Address	BLK 2 CAIRNHILL CIRCLE
Address complement	# 04-04
Postcode	229811
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T /20230517/7036

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS87U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	POH KOK CHIA , DON (FU GUOQUAN)
Gender	Male
Phone No	(Phone) +65-91593605
Address	BLK 2 CAIRNHILL CIRCLE
Address Complement	# 04-04
Post Code	229811
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN
Injured person in which vehicle?	SMW96Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

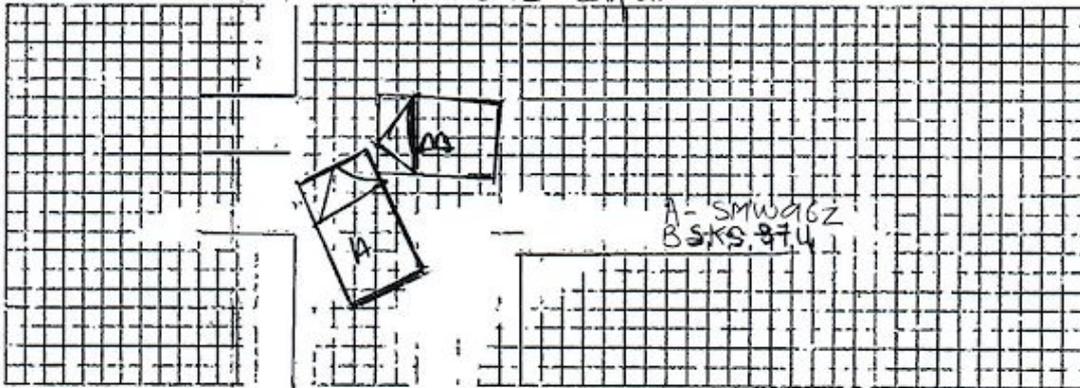

Policyholder's Signature / Date & Time


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

 17/5/2023
Witnessed by Reporting Centre Personnel

Sketch Plan Block 124

McNair Road Carpark



Describe Circumstances of the Accident

I was driving in Block 124 McNair Road carpark turning left towards the exit gantry. I stopped at the stop line to check if there was any oncoming vehicle. I made sure there was no oncoming traffic then I slowly made my way towards the gantry. When I was reaching the gantry, out of a sudden I felt an impact from the right portion of my vehicle. And I realised that a vehicle who was trying to make a right turn had hit onto my vehicle. When we got down the vehicle and we went to check on his kid and they ^{were} ~~was~~ not wearing any seatbelt.

Declaration

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 & Time

 17/5/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230517/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20230517/7036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH KOK CHIN, DON	ID No.	S8801829Z
Related Vehicle	SMW96Z (Car)	Contact No.	91593605
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving in block 124 McNair road carpark turning left towards the exit gantry. I stopped at the stop line to check if there was any oncoming traffic then I slowly made my way towards the gantry. When I was reaching the gantry, out of a sudden I felt an impact from the right portion of my vehicle. And I realised that a vehicle who was trying to make a right turn had hit onto my vehicle. When we got down the vehicle and we went to check on his kid and they was not wearing any seatbelt.































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Related Vehicle	SMW96Z (Car)	Contact No.	91593605
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving in block 124 McNair road carpark turning left towards the exit gantry. I stopped at the stop line to check if there was any oncoming traffic then I slowly made my way towards the gantry. When I was reaching the gantry, out of a sudden I felt an impact from the right portion of my vehicle. And I realised that a vehicle who was trying to make a right turn had hit onto my vehicle. When we got down the vehicle and we went to check on his kid and they was not wearing any seatbelt.



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T/20230517/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230517/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2023 13:16
Officer In Charge Of Case: TP / TPIB / NADYA BINTE MOIDEEN Contact No.: 65476331	Classification Of Case:

NP168