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 19/07/2023 11:23 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/07/2023 14:45 (SGT) Exact Location of Accident Ang Mo Kio Ave 1, Singapore Additional Location Information OPP BISHAN PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH9508J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KWEE LAM YEN** NRIC No S7215311A Email Address DAWNKWEE@YAHOO.COM.SG Mobile Phone No (Phone) +65-87200700 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070076722-03

DRIVER

Name of Driver **KWEE LAM YEN** NRIC No S7215311A Date Of Birth 22/04/1972 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	12/10/1993 29 YEARS AND 9 MONTHS Male (Phone) +65-87200700 - DAWNKWEE@YAHOO.COM.SG 173 ANG MO KIO AVE 4 #13-715 - 560173 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 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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING ALONG ANG MO KIO AVE 1 ON THE SECOND FOLLOWED. CAR B, WHICH WAS BEHIND ME, COULD NOT ST	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SHA3252U -

Taxi

Accident report SS2X237J0003

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.
- 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 8. Consent under the Personal Data Protection Act (PDPA)

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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

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Mil	
-	
Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel (Name as in NRtC/ID card)
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1

Describe Circumstance of the Accident	
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the mid lane. Care intrent came to a slow down and	
I followed. Car P Which was behind me could not set	Yo
in-Ame and hit winto the war of any car ca).	
Declaration We declare the foregoing particulars are true in every respect.	
Mwin Muine	
Olicyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Driver's Signature (if driver is not the policyholder) / Date (Name as in NRIC/ID card)	
4 1040 25	















CERTIFICATE OF INSURANCE

Name of Policyholer Period of Insurance 24M yr 2023 to 23 May 2023 to 25 May 2024 Policy No. 207/00/9727-03 Engine No. MEZPASZAPT SAMP 2023 to 25 May 2024 Policy No. 15 May 2023 to 05 ABOUT THE COVER Makanifuchel NISSAN CARD (NAL 2 o PIEMIA) Makanifuchel NISSAN CARD						
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