

## 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 Authorised 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 ability.
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 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 Report	20/04/2016 11:24
Date Of Accident	19/04/2016 12:00
Exact Location Of Accident	CORONATION WALK TURNING CORONATION SHOPPING PLAZA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1562S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY NGIANG MENG
NRIC No	S1567931Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92718389
Alternative Phone No	Office-92718389

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200

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

If No, Please state action to be taken Third Party

Vehicle Category Private Car

### Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100267218
Cover Note Number	

### Driver

Name of Driver	TAY NGIANG MENG
NRIC No	S1567931Z
Date Of Birth	03/05/1962
Occupation	Indoor
Date Of Driving Pass	20/01/1981
Driving Experience	35 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-92718389
Fax Number	
Contact Number	Office-92718389
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No  
If No, Relationship of the Driver with the Insured Owner  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -

Insurance Company of Driver's Own Vehicle -  
-

### General Information of the Accident

Type Of Accident

Unknown - REFER TO SKETCH AND STATEMENT

Weather Conditions

Clear

Road Surface

Dry

### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No  
Number of Passengers (Including Driver) 1

### Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name

Bishan Neighbourhood Police Centre

Police Station Address

ROAD: 20 Bishan Street 23 , POSTCODE: 579757 , COUNTRY: Singapore

Police Station Contact

TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given? No

If Yes, against whom?

### Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SK111E

Vehicle Make/Model/Colour

TOYOTA ESTIMA

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

LOW EE CHING

Phone Number




90017431

Email Address

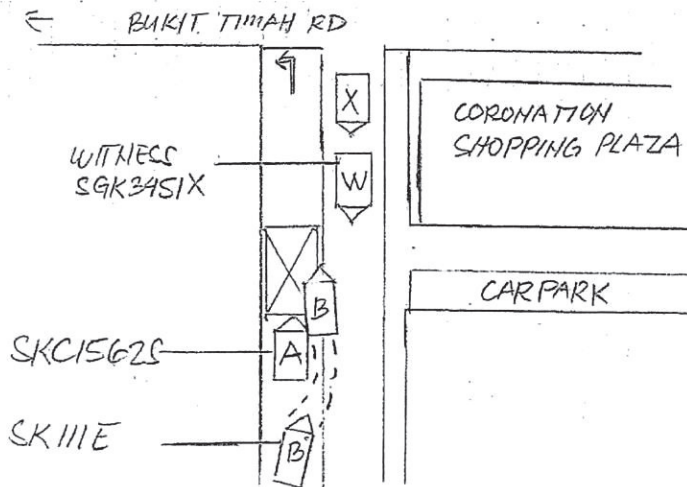
**SKETCH PLAN**

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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.

 X _____ Policyholder's Signature / Date & Time	 X _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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**Sketch Plan**





Describe Circumstances of the Accident

REFER TO THE POLICE REPORT NO. T/2016 0420/2000

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel