

## 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	01/09/2016 16:10
Date Of Accident	31/08/2016 17:30
Exact Location Of Accident	EXIT BKE TURNING RIGHT ONTO MANDAI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1277K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG LEE NAH
NRIC No	S8561938A
Email Address	changleenah@gmail.com
Mobile Phone No	(LOCAL) +65-85889727
Alternative Phone No	Others-85889727

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
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	2100434238
Cover Note Number	

### Driver

Name of Driver	CHANG LEE NAH
NRIC No	S8561938A
Date Of Birth	09/11/1985
Occupation	Indoor
Date Of Driving Pass	17/10/2013
Driving Experience	2 Years And 10 Months
Gender	Female
Mobile Number	(Local) +65-85889727
Fax Number	
Contact Number	Others-85889727
EMail Address	changleenah@gmail.com

Address	106 YISHUN RING ROAD #01-145
Postcode	760106
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
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	Chong Pang Neighbourhood Police Post
Police Station Address	<b>ROAD:</b> Blk 141 Yishun Ring Road , <b>POSTCODE:</b> 760141 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-7529999 - <b>FAX NO:</b> 67528913
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ARMY TRUCK NO 23151
Name of Driver	SUFI ADLI BIN JUSRI
NRIC/Passport Number	S9537706H
Contact Number	90617102 (SUPERVISOR)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

# Sketch Plan

## SKETCH PLAN

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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

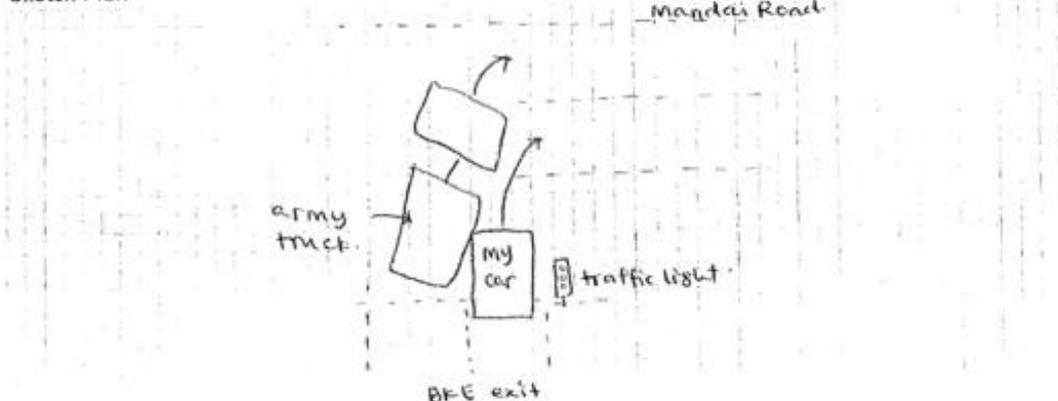
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
09-05  
1-9-2016  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

 9:05 AM  
1-9-2016

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel