

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	04/10/2016 11:28
Date Of Accident	01/10/2016 09:10
Exact Location Of Accident	BLK 893A TAMPINES AVE 8 NEAR LOADING/UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2987L
Insured/Policyholder	
Name Of Registered Owner	ONG KOK CHYE
NRIC No	S1805033A
Email Address	GE.RAYMONDONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96809143
Alternative Phone No	Others-96809143

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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?	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	2100463224-00000
Cover Note Number	

Driver

Name of Driver	ONG KOK CHYE
NRIC No	S1805033A
Date Of Birth	15/08/1967
Occupation	Indoor
Date Of Driving Pass	12/11/1993
Driving Experience	22 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-96809143
Fax Number	
Contact Number	Others-96809143
EEmail Address	GE.RAYMONDONG@GMAIL.COM

Address	BLK 9 BEDOK RESERVOIR VIEW #16-02 (S)
Postcode	478930
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	Collision- Head to Rear (Insured Hit TP)
Weather Conditions	FINE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN AND STATEMENT.

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

Vehicle Registration Number	SGV8227L
Vehicle Make/Model/Colour	TOYOTA RUSH
Details Of Properties	
Name of Driver	MOHAMED IZZAT BIN MOHAMED SALLEH
NRIC/Passport Number	S7808413H
Contact Number	82611636
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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B. 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;

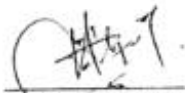
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

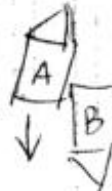

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLB 2987L (REVERSING)

B - SGV 8227L (PARKED)

AT BLK 893A TAMPINES
AVE 8



Describe Circumstances of the Accident

ON 01 OCT 2016 AT AROUND 0910 HRS- I WAS
REVERSING MY VEH # SLB2987L AT BLK 892A
TAMPINES AVE 8 NEAR LOADING / UNLOADING BAY,
WHILE REVERSING, I DIDN'T NOTICE THE
VEHICLE # SGV8227L WAS PARKED BEHIND,
MY VEHICLE THEN (LOUDED) SWIPE
THE ^{REAR RHT} (~~FRONT LEFT~~) PORTION OF THE SAID
VEHICLE.

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



Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

