

MAL116140000 / Autolution Industrial Pte Ltd - Ubi
ENTRY DATE & TIME: 07/11/2016 11:22

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	07/11/2016 11:22
Date Of Accident	06/11/2016 12:25
Exact Location Of Accident	CLEMENTI AVE 5 CAR PARK BESIDE BLK 377
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8902G
Insured/Policyholder	
Name Of Registered Owner	KOH THIAM HUAT
NRIC No	S1613260H
Email Address	RONNIEKOH@NGEECHENG.COM
Mobile Phone No	(LOCAL) +65-90173290
Alternative Phone No	Office-64599996

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (J11) (A)
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100473571-00000
Cover Note Number	

Driver

Name of Driver	KOH THIAM HUAT
NRIC No	S1613260H
Date Of Birth	29/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1988
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90173290
Fax Number	

Contact Number	OFFICE-64599996
EMail Address	RONNIEKOH@NGEECHENG.COM
Address	BLK 319 UBI AVENUE 1, #10-509
Postcode	400319
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 SIDE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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 attachment.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB9117J
Vehicle Make/Model/Colour	MERCEDES E200/GRAY
Details Of Properties	RH SIDE DAMAGED
Name of Driver	YUEN KWOK CHOY
NRIC/Passport Number	S0124074I
Contact Number	
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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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

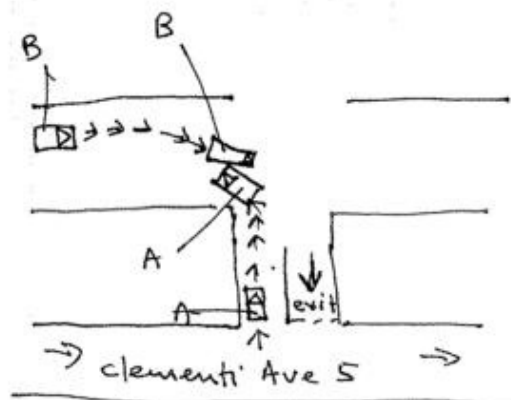
11.53am
7/11/2016
Policyholder's Signature / Date & Time

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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408823
TEL: 6490 9686 FAX: 6846 7483

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLD 89024

B - SJB 9117J

Sketch Plan #2

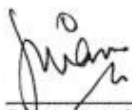
Describe Circumstances of the Accident

I was driving my vehicle 'A' SLD 8902 G, along the carpark drive way and make a left turn to search for empty parking lot. While making a left turn at the carpark junction, vehicle 'B' while driving out of the carpark to make a right turn toward the Exit to the main road. The RH side of vehicle 'B' SJB 9117 J hit the RH front cover of my vehicle 'A'




Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
11.53am
7/11/2016

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

EVOLUTION INDUSTRIAL PTE LTD
9 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483


Witnessed by Reporting Centre Personnel

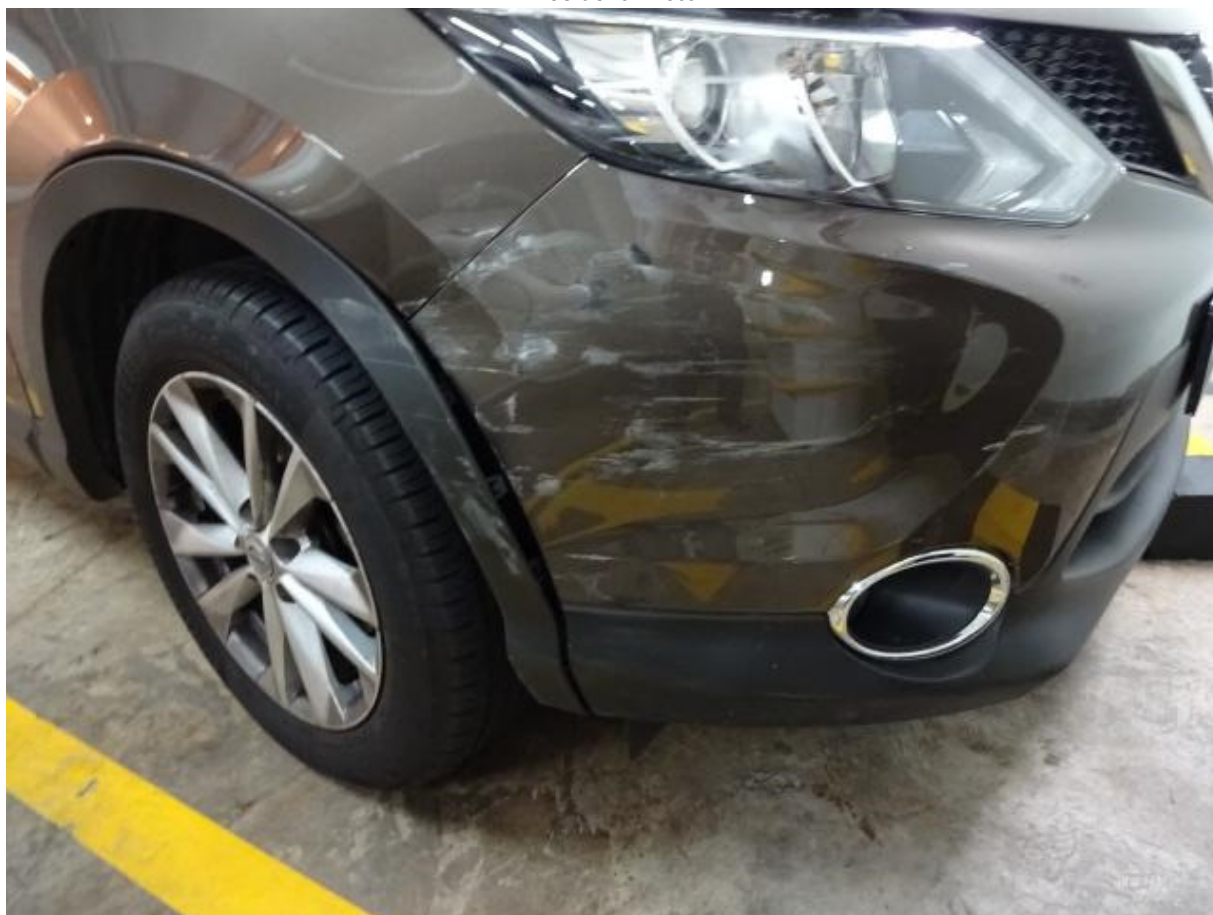
Accident Photo



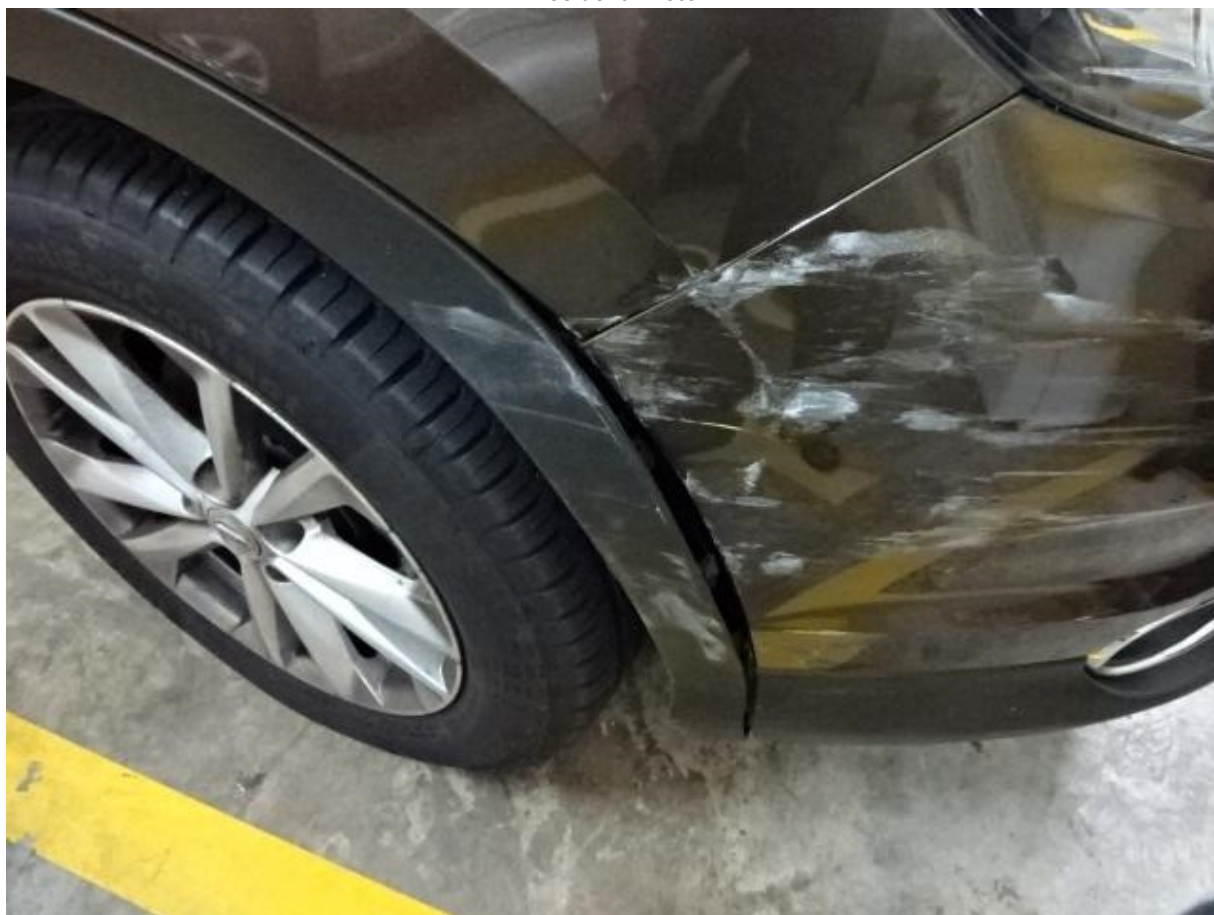
Accident Photo



Accident Photo



Accident Photo



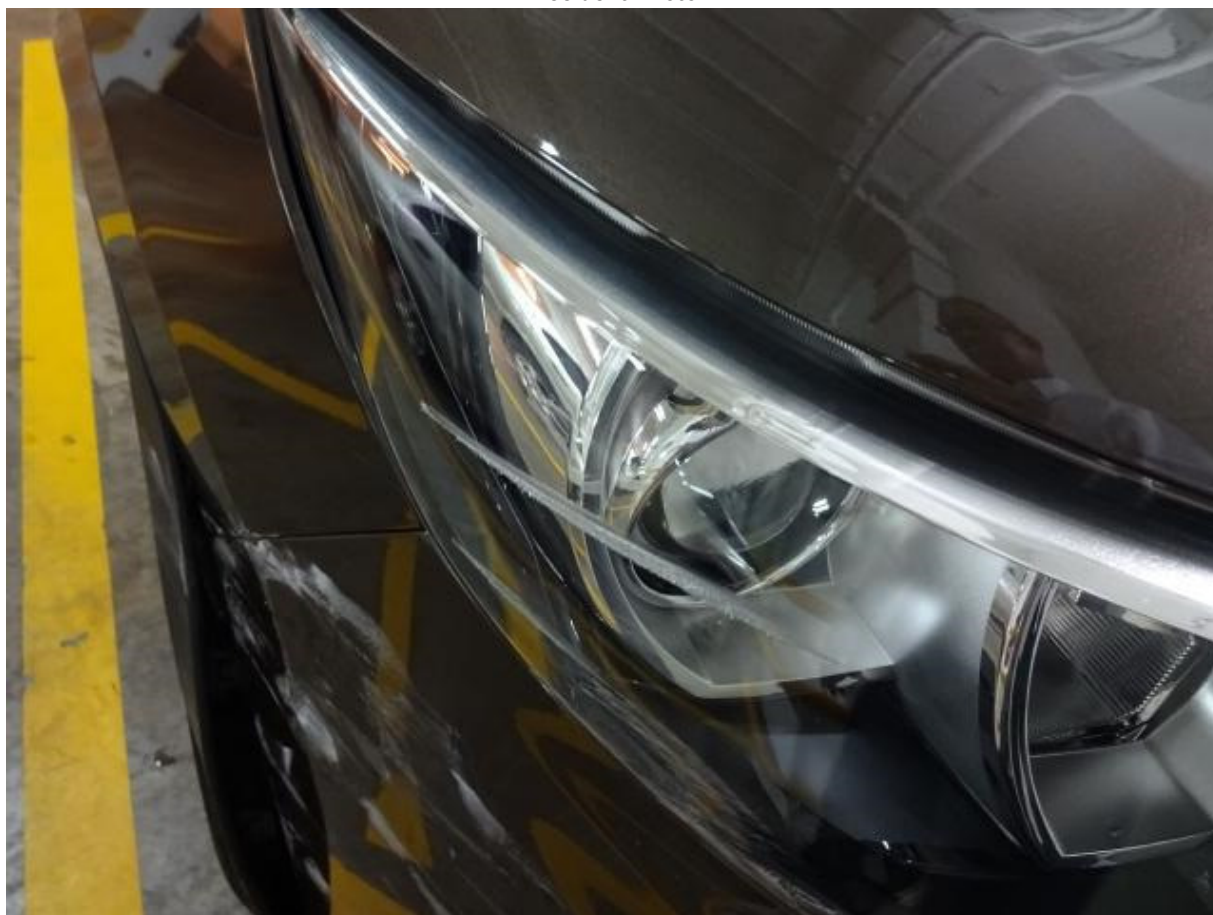
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo

