

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	03/05/2017 12:01
Date Of Accident	02/05/2017 17:50
Exact Location Of Accident	MARINA BLVD TURING INTO SHEARES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB761D
Insured/Policyholder	
Name Of Registered Owner	HO IM GEK
NRIC No	S1825099C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98305728
Alternative Phone No	OFFICE-98305728

Vehicle Particulars

Manufacturer	AUDI
Model	TTC 3.2 QU
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	2100082720-09000
Cover Note Number	-

Driver

Name of Driver	HO IM GEK
NRIC No	S1825099C
Date Of Birth	08/06/1967
Occupation	INDOOR
Date Of Driving Pass	18/03/1988
Driving Experience	29 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98305728
Fax Number	
Contact Number	OFFICE-98305728
EMail Address	NOEMAIL

Address	52 JALAN SUKACHITA
Postcode	358928
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

I WAS DRIVING ALONG MARINA BLVD TURING INTO SHEARES AVE. DRIVER OF SGV 9138 D (TOYOTA FORTURNER 2.7) HIT ME ON THE PASSENGER SIDE. I WAS ON THE 3RD LINE FROM THE LEFT, DRIVER OF SGV 9138 D WAS ON THE SECOND LANE FROM LEFT ALL TURING LANES INTO SHEARES AVE. ACCIDENT HAPPENED AT 5.50PM ON 02 MAY 2017 , DRIVER OF SGV 9138 D (S8601509I , LEOW ZHONG WEI, JORDON) WANTED TO PROCEED STRAIGHT WHEN HE WAS ON A TURING LANE. HE WAS IN THE WRONG LANE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV9138D
Vehicle Make/Model/Colour	TOYOTA/FORTUNER 2.7
Details Of Properties	
Name of Driver	LEOW CHONG WEI JORDAN
NRIC/Passport Number	S8601509I
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' 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

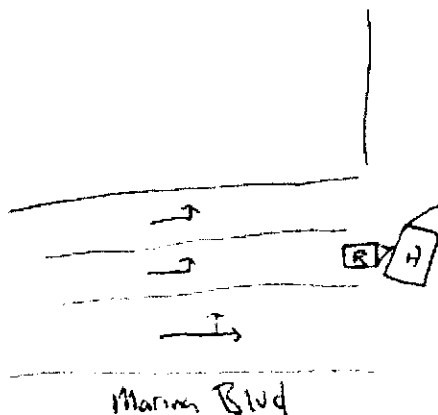
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Shears Ave

A = SD9761D

B = SGV9138D

Sketch Plan #2

Describe Circumstances of the Accident

HGM
Manna

I was driving along ~~Cambridge~~ ~~Highway~~ ~~turning~~
into ~~Stewart Ave~~ Driver of SAV 9138D (Toyota
Fortuner 2.7) hit me on the passenger side

I was on the 3rd line from the left, driver of
SAV 9138D was on the second lane from left
all turning lanes into Stewart Ave

on 2 May 2017

Accident happened at 5.50pm, driver of SAV 9138D
(S86015091, Leow Zhang Wei, Jordan) wanted
to proceed straight when he was on a
turning lane. He was in the wrong lane

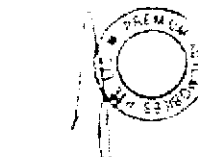
Declaration

I/We declare the foregoing particulars are true in every respect

HGM 2 May 2017

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel