## 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 witholding 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	

Country, Clare C. Loop		
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDB761D	
Insured/Policyholder		
Name Of Registered Owner	HO IM GEK	

S1825099C NRIC No **NOEMAIL Email Address** 

(LOCAL) +65-98305728 Mobile Phone No OFFICE-98305728 Alternative Phone No

Vehicle Particulars

Manufacturer **AUDI** 

**TTC 3.2 QU** Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

2100082720-09000 **Policy Number** 

Cover Note Number

Driver

HO IM GEK Name of Driver S1825099C NRIC No Date Of Birth 08/06/1967 Occupation **INDOOR** 18/03/1988 **Date Of Driving Pass** 

29 YEARS AND 1 MONTH **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-98305728 Mobile Number

Fax Number

OFFICE-98305728 Contact Number

**NOEMAIL EMail Address** 

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

venicie -

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.
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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- 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)

Lunderstand, 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 making of correspondence, statements, invoices, reports or notices to mis, 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 of agents (including their law yers/law, firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Driver's Signature (f driver is not the policyholder) / Date

olicyholder's Signature / Date &

True

& Terra

Witnessed by Reporting Centre Personnel

Sketch Plan

A = 509 7610

B = 56491380

Marin Rivd

# Sketch Plan #2

Describe Circumstances of the Accident Marker Production of the Marker Product of the Marker Production of the Marker Production of the Marker Product of t	Describe Circumstances of the Accident	MAR
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I was on the 3rd line from the left, driver of SAV 9138D was on the central fame from left all twining laws into closests Ave on ZMay 2017  Accident happened at 5 sopry, driver of SAV 9138D  (S8601509I . Leaw Zhong Wei . bordon) Wanted to proceed grazili und in he was proceed the was in the way fame.	Frytakov 2 7) but me on	The procencer state
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turing lane the way in the way lane	to proceed sharely will	in he was on a
	thereine lane to was in	the wrong lane
		3

Declaration

IWe declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date
Tirra (17-00)

Witnessed by Reporting Centre Personnel