

## 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	22/10/2017 12:27
Date Of Accident	20/10/2017 16:00
Exact Location Of Accident	JALAN TUA KONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2711X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DICK CHAN
NRIC No	S1310537E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96632080
Alternative Phone No	OTHERS-96632080
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S TRONIC
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100452943-01000
Cover Note Number	-
<b>Driver</b>	
Name of Driver	DICK CHAN
NRIC No	S1310537E
Date Of Birth	30/07/1958
Occupation	INDOOR
Date Of Driving Pass	29/10/1976
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96632080
Fax Number	
Contact Number	OTHERS-96632080
Email Address	NOEMAIL

Address	73 JALAN TUA KONG #11-03
Postcode	457266
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	COLLIDED INTO PROPERTY
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?	NO
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

ACCIDENT HAPPEN ON 20TH OCT. FRIDAY AT ABOUT 1600 HRS. VEHICLE REVERSING HIT INTO CONCRETE STIRRUP. ROAD WAS CLEAR AND DRY.

#### Attachment(s)

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

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please read and **correctly** fill in each of the relevant boxes and complete the sketch plan.
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 willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The overall acceptability of this form by insurance companies will determine the actual policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the members of the GIA Accidents Management Centre (AMC) to the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon request only to interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at their centre and to copies of the report being made available as aforesaid.


#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurers, 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 insurers (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insured(s) who have insured vehicle(s) involved in this accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as my "**Insurers**") the Insurers, lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purposes (a) 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 claim (including the making of correspondence, statements, invoices, reports or notice to me which could involve disclosure of certain personal data about me and my ability to deliver of the same as well as on the external cover of envelope, mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "**Purposes**."
- (b) all Insurers 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 use or reuse 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 located outside Singapore for use or reuse of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claim statistics for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information collected under (d) above may be shared and passed:
  - (i) to all Insurers and/or any other third parties that assist in, evaluating, investigating, controlling or mitigating fraud;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.

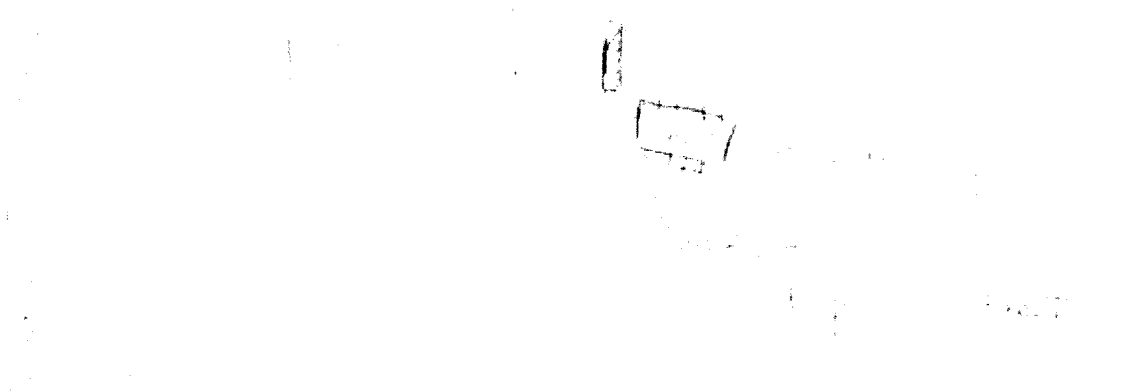
  
Policyholder's Signature  
Date & Time

  
Insurer's Signature  
(in duplicate on the policyholder's copy)  
Date & Time

  
Reporting Centre's Signature  
(in duplicate on the policyholder's copy)  
Date & Time

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/10, I was driving my 2008 Ford Focus on Highway 101, southbound, in the right lane. I was traveling at approximately 65 mph. I noticed a white van in the left lane, about 100 feet ahead of me. The van was moving slowly. I decided to pass the van. I moved into the left lane and accelerated. As I was passing, the van suddenly turned right into the path of my car. I braked and swerved to the right, but I was unable to avoid a collision. The van struck the front of my car. I lost control of my car and it rolled over onto its side. I was not injured, but my car was damaged. I stopped the car and called the police. The police arrived and took statements from me and the driver of the van. The driver of the van admitted that he had turned right into my path. The police issued a citation to the driver of the van for illegal turn. I was not cited. The van driver was taken to the hospital for observation. My car was towed to a repair shop. I am currently out of my car and am using a rental car.

### DECLARATION

I declare the foregoing particulars are true to my best knowledge.

Witness's Signature  
Date: 10/10/10

Driver's Signature  
(If driver is not the person filing)  
Date: 10/10/10

Reporting Officer's Signature  
Name: [Signature]  
Date: 10/10/10