SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Address

Mobile Number

Fax Number Contact Number EMail Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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 policyliability 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.

5. By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/11/2017 17:45
Date Of Accident	22/11/2017 10:10
Exact Location Of Accident	SIN MING WALK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB7440P
Insured/Policyholder	
Name Of Registered Owner	CHUA AI LENG
NRIC No	S7336099D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97398530
Alternative Phone No	Office-97398530
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100461960
Cover Note Number	
Driver	
Name of Driver	ANG KIM WAH
NRIC No	S7342121G
Date Of Birth	31/10/1973
Occupation	INDOOR
Date Of Driving Pass	29/06/1991
Driving Experience	26 YEARS AND 4 MONTHS

MALE

(LOCAL) +65-97398530

ANGKIMWAH@YAHOO.COM.SG BLK 13 SIN MING WLK #05-03 Postcode Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own Vehicle

-

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK2602Z

Vehicle Make/Model/Colour TOYOTA VIO / GREY

Details Of Properties

Name of DriverHO MUN KAYNRIC/Passport Number\$1771505DContact Number96157903AddressNTUC INCOME

Postcode

Insurance Company Name NTUC Income Insurance Co-operative Ltd

Nature Of Damage FRONT RIGHT BUMPER / FENDER / SCRATCHED AND SLIGHT DENT

No. Of Passenger (Including Driver)

Details of Witness

Name CHUA AI LENG
Phone Number 81388889

Email Address AILEEN_MINN@YAHOO.COM.SG

Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by 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.
- By the lodgment 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)

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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 22 1117 3 50 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

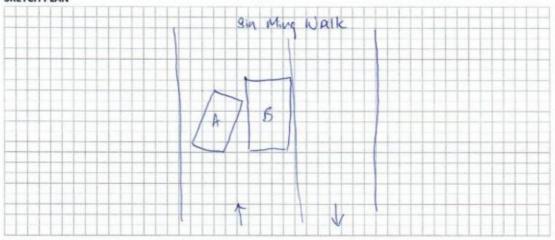
11/12 3:50 am

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A	: 3'd po	ity vehic	ele		
		ils vela			
Secondo road of not eve flout in orde to dow	outside outside outside outside of outside of outside	1. CAR 'Gordens d spot of upper of d rear cratched	A Started of Bisch on the ry CAR A door . I and di	off on H on' condo ght while collide or CAR B for onted. CA	de of the or A did The 1e4 t and reor right side

DECLARATION

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

Policyholder's Signature Date & Time:

GIABAIC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3:50 22/11/17

Reporting Centre Personnel's Signature*

Name: NRIC/FIN No.:





CHUA AI LENG (CAI AILIN) 蔡艾琳

07-10-1973 F

FOR C&C USE ONLY



ANG KIM WAH (HONG JINHUA)

Date Date: 31 Oct 1973

HOOGEST702H

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7342121G



ANG KIM WAH (HONG JINHUA)

洪 金 华 CHINESE

31-10-1973 Coursey of birth -

4772441

FOR C&C USE ONLY



APT BLK 455 SEGAR ROAD #07 - 107 SINGAPORE 870455

NRIC No: 87336099D

OE OE

Dete: 16/06/2012

No: 7018278

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLDWING CLASS(ES)

PASS DATE

se 3. Motor Gars and Motor Treature the weight of wilds unledge does not exceed \$500 kilograms 20 Jun 1981

FOR C&C USE ONLY

Date of lense 21-09-2011

13 SIN MING WLK #05-03 SINGAPORE 575580 NEWC No: \$73421216

Date: 11/02/2016

11689293213































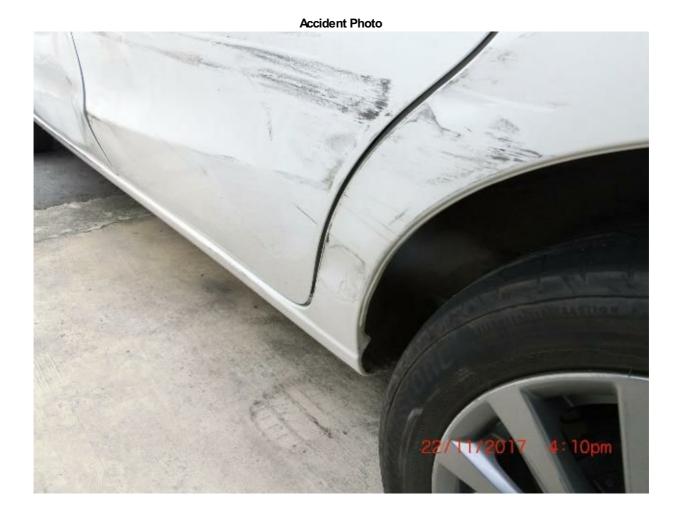
































Accident Photo

22/11/2017 4 10nm







