# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/11/2017 13:28

## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- 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.
- 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		
24/11/2017 10:18		
21/11/2017 19:00		
PIE TWDS PAYA LEBAR		
SINGAPORE		
DETAILS OF OWN VEHICLE		
SLU341M		
OMAR MARCUS TAN ABDULLAH @ TAN BUCK LIANG		
S1301775A		
NOEMAIL		
(LOCAL) +65-96525711		
Office-NOPHONE		
MAZDA		
3-1.5 DELUXE SKYACTIV (A)		
PERSONAL USE		
NO		
REPORTING ONLY		
PRIVATE CAR		
AIG ASIA PACIFIC INSURANCE PTE. LTD.		
COMPREHENSIVE		
NO		

## Driver

Name of Driver OMAR MARCUS TAN ABDULLAH @ TAN BUCK LIANG

NRIC No S1301775A

Date Of Birth 06/08/1958

Occupation INDOOR

Date Of Driving Pass 22/10/1983

Driving Experience 34 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96525711

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address NOEMAIL

Address Postcode BLK 323 WOODLANDS ST 32 #12-149

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-

**OWNER** 

Insurance Company of Driver's Own Vehicle

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**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

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)

1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

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

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

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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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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:
  - (i) 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

okars Pte Ltd.

49 4333

Name:

5 Ubi Clos Singapore

Tel: 6474 Fax: 674

NRIC/FIN No.:

Pay Tebar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	LICENSE PLATE NO: SLU 341M.
ACCIDENT DATE: Tuesday	CONTACT NUMBER: 96525711
ACCIDENT TIME: 72 m 31 11 17.	EMAIL:
LOCATION:	
As I was divine for	PIE Twent Pays Jeds
filters on me left	toward TKC and
it was peak how a	it that ding, Traffic
In heavy at that din	e want 7pm
Trustayl. I mister the	e brake is I was
bumper to bumper a	id tit the ca infront.
8	V
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME F	FOR YOU TO SURMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICE
PLEASE CHECK YOUR POLIC	
PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD	Ttd
DECLARATION	Hails - \
I/We declare the foregoing particulars are true in every respect.	5 Ubi Close 403605 Singapore 403605
	Tel: 647
4/	Fax: 6740 900

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Policyholder's Signature

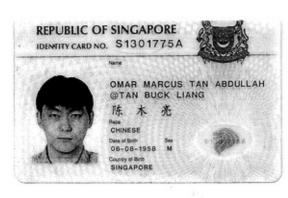
Date & Time:

SKETCH PLAN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

















**Accident Photo** 





# **Accident Photo**



**Accident Photo** 

