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 <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 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 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	27/11/2017 16:52
	Date Of Accident	27/11/2017 12:30
	Exact Location Of Accident	SIXTH AVENUE
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SDZ8188E
	Insured/Policyholder	
	Name Of Registered Owner	TONG HOI CHAK
	NRIC No	S0367369C
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-96181130
	Alternative Phone No	OFFICE-96181130
	Vehicle Particulars	
	Manufacturer	AUDI
	Model	A3 SB 1.4 TF
	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

2100479443-01

Driver

Policy Number

Cover Note Number

Name of Driver TONG HOI CHAK
NRIC No S0367369C
Date Of Birth 08/02/1944
Occupation INDOOR
Date Of Driving Pass 10/04/1962

Driving Experience 55 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96181130

Fax Number

Contact Number

EMail Address NOEMAIL

Address 7 THOMSON LANE, #14-05

Postcode 297725

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 SIDE SWIPE
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) 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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 GX7546L

Vehicle Make/Model/Colour NISSAN/LIGHT GREY

Details Of Properties

Name of Driver MR SKY CHIN

NRIC/Passport Number

Contact Number 83333872

Address 170 BT. TIMAH RD, #05-01

Postcode 588179

Insurance Company Name ERGO INSURANCE PTE. LTD.

Nature Of Damage LEFT FRONT AND REAR DOOR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan

SKETCH PLAN

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- 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 Contract Sonnel's Signature
Name: TonEvo So

NRIC/FIN No .: (5334909)

SKETCH PLAN			
4	SIXH Avenue		
	>GX 7546L > SDZ8188E		
140 43	3		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
Reser to attachmen	o-L		
Rose is surrented			
DECLARATION			
DECLARATION We declare the foregoing part	ciculars are true in every respect.	SPIE LED	
100	1 103		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centers and Signature Name: JonEng So NRIC/FIN No.:	

On Monday 27 November 2017 at about 12.30pm I was driving with my wife as passenger, along Sixth Avenue in the direction of Holland Road. I stopped for a while along the side of the road (in front of the short driveway of house No 43A) and when I looked in my side mirror that there was no approaching cars, I turned out and was in collision with a van also travelling in the direction of Holland Road. Apparently I did not see the van from the side mirror. Nobody was hurt in the accident. After the accident we moved the vehicles to a side road along Sixth Avenue to exchange details. The van Registration No is GX7546L and was driven by a man who gave me his name card as Mr Sky Chin. The van belongs to Sky Pool Services Pte Ltd. The van driver did not have a copy of the Insurance Certificate but informed me that their Insurer is Ergo Insurance Pte Ltd. I gave him details of my car insurance with AlG. We agreed that both of us will report the accident to our respective insurers.

Damage to my car was on the right front side from the bonnet downwards and the right side lamp. The lower part right fender pressed against the right front wheel which makes it not safe to drive and so I called for Audi Service to have it towed to their workshop.

Damage to the van was to the left front door extending a little to the back door.





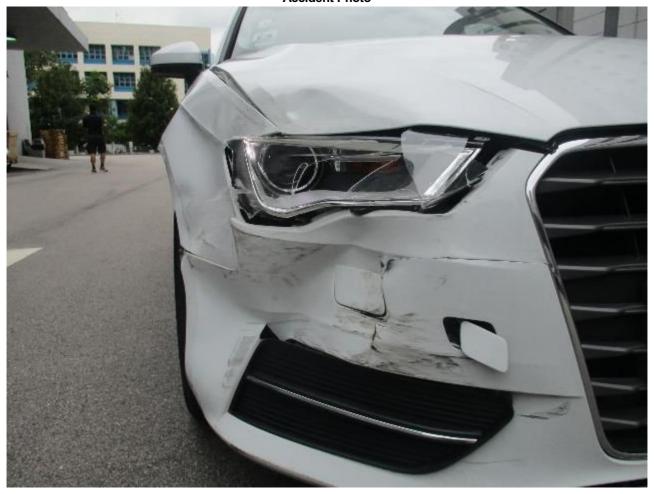




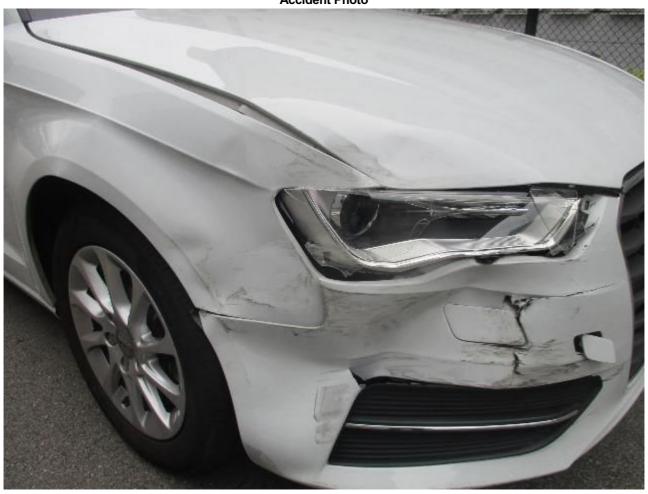




















Accident Photo

