

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	04/12/2017 16:33
Date Of Accident	03/12/2017 08:50
Exact Location Of Accident	CAR PARK IN FRONT OF 139 TAMPINES ST. 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1091D
Insured/Policyholder	
Name Of Registered Owner	HO SIEW LIN
NRIC No	S1650959J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90233700
Alternative Phone No	Others-68704601

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO-1.6 BLUEHDI EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	WENT TO MARKET, TRIED TO PARK
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	
Cover Note Number	

Driver

Name of Driver	LOW CHEK CHOON
NRIC No	S1539040I
Date Of Birth	22/07/1962
Occupation	INDOOR
Date Of Driving Pass	09/04/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90233700
Fax Number	
Contact Number	OTHERS-68704601
E-Mail Address	CHEKCHOON@SP.EDU.SG
Address	BLK. 137 PASIR RIS DR. 3 #03-04 SINGAPORE

Postcode	519494
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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.	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

REFER TO ATTACHMENT

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	SBJ1288D
Vehicle Make/Model/Colour	BMW (GREY)
Details Of Properties	
Name of Driver	KEE JIA LIANG
NRIC/Passport Number	S8521752F
Contact Number	86610304
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	BUMPER SLIGHT SCRATCH
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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:
 - (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 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
Name:
NRIC/FIN No.:

4/12 10.14

SKETCH PLAN

A hand-drawn sketch plan on grid paper. At the top, the text "car park 104," is written with an arrow pointing to a rectangular area. Below this is a large rectangle divided into three vertical sections. In the center, a horizontal line runs across the page. Below this line, a rectangle is labeled "my car". To the right of the "my car" rectangle, there is a circular feature with a cross inside, and a line extending from it to a pair of circles. Arrows point towards the central horizontal line from both the left and right sides. At the bottom, there are three small rectangular shapes.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tried to park at the car park lot,
the other vehicle also came in and
knocked on my car

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

6/12 1050

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

5614367

NRIC No. S8521752F

Date of issue
21-06-2016

Address
34 HARTLEY GROVE
SINGAPORE 457896





Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8521752F

Name

KEE JIA LIANG

纪家梁

Race

CHINESE

Date of birth

26-07-1985

Sex

M

Country/Place of birth

SINGAPORE



S8521752F

