

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 23:40
Date Of Accident	03/12/2017 13:30
Exact Location Of Accident	ANG MO KIO AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6377G
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Insured/Policyholder

Name Of Registered Owner	TAN WEI HSIUNG
NRIC No	S7340911Z
Email Address	MARTIN_TAN_WH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96949290
Alternative Phone No	OTHERS-96949290

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

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	1700058990
Cover Note Number	

Driver

Name of Driver	TAN WEI HSIUNG
NRIC No	S7340911Z
Date Of Birth	12/11/1973
Occupation	INDOOR
Date Of Driving Pass	02/10/1998
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96949290
Fax Number	
Contact Number	OTHERS-96949290
EEmail Address	MARTIN_TAN_WH@YAHOO.COM.SG

Address

Postcode

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 COLLISION - CHANGE/CROSS LANE

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) 4

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

PLEASE REFER TO THE ATTACH STATEMENT & SKETCH PLAN

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 SKV701P

Vehicle Make/Model/Colour MINI ONE

Details Of Properties

Name of Driver HUI CHI HONG TERRENCE

NRIC/Passport Number S8939305A

Contact Number 90110277

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident 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.



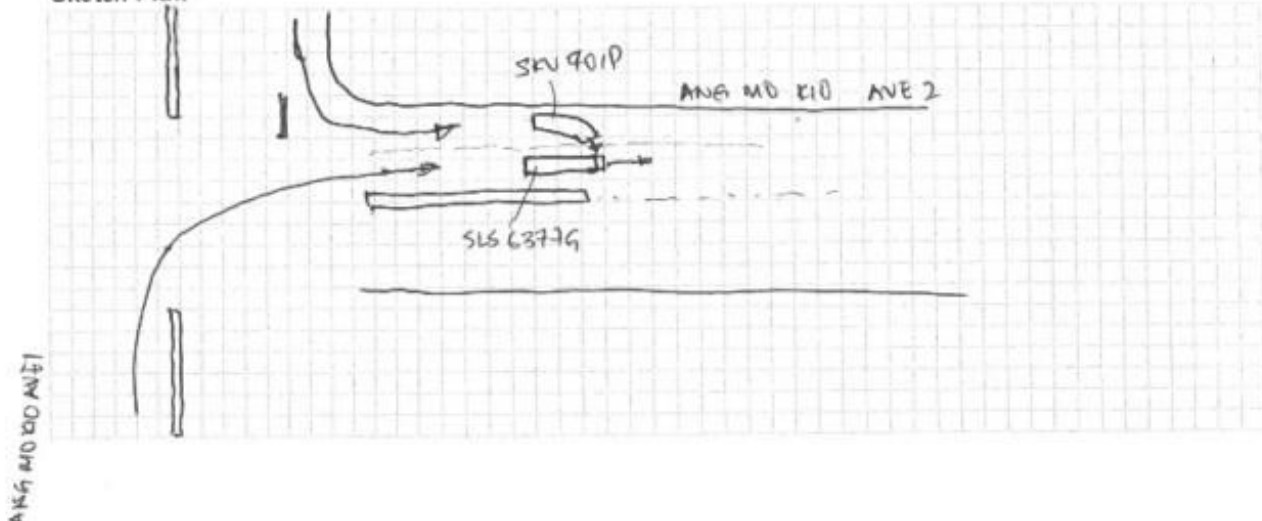
[Signature] 4/12/17 0915H

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement


Describe Circumstances of the Accident

On 3 Dec 2017 at about 1330H, I was driving along Any Mo Kio Ave 1 and was about to make a right turn to Any Mo Kio Ave 2. At the ~~se~~ junction, I stopped and noted that a red car was making a left turn from the opposite direction to Any Mo Kio Ave 2. I proceeded my right turn towards Any Mo Kio Ave 2 as the opposite direction was cleared of traffic.

When I was on Any Mo Kio Ave 2, I proceeded straight. At this point the red car (SKV 701P) was ahead of my car on the lane to my left. ~~At~~ ^{At the} ~~of~~ ^{of} a sudden, I gradually pick up speed and started to pass by the red car (SKV 701P). All of a sudden, SKV 701P started to turn right into my lane. It was not a lane-changing move that was gradual. SKV 701P seemed to be swerved right into my lane. I noticed SKV 701P's movement and honked. At that moment, the 3 cars were about aligned, with SKV 701P slightly ahead on my left lane. I was not able to brake in-time and SKV 701P smashed into the left of my car. I was only able to brake and stopped the car after moving into my lane as the impact knocked my car into the lane on my right which is for opposite direction traffic.

Declaration

We declare the foregoing particulars are true in every respect.

 4/12/17 0915H
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

