#### 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 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/12/2017 14:46
Date Of Accident	12/12/2017 09:10
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ4083P
Insured/Policyholder	
Name Of Registered Owner	TAN YEN KOK
NRIC No	S7278705F
Email Address	YENKOK72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90047048
Alternative Phone No	Others-67754697
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100393560
Cover Note Number	
Driver	
Name of Driver	TAN YEN KOK
NRIC No	S7278705F
Date Of Birth	01/07/1972
Occupation	INDOOR
Date Of Driving Pass	08/05/1998

**Driving Experience** 19 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90047048

Fax Number

Contact Number OTHERS-67754697 EMail Address YENKOK72@GMAIL.COM

Address BLK 608 CLEMENTI WEST STREET 1 #04-70 Postcode Was driver an employee of the Insured's Company 120608

If No, Relationship of the Driver with the Insured **OWNER** 

Insurance Company of Driver's Own Vehicle

Vehicle Registration Number of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION** 

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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

**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)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GR6580A Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

SATHASIVAM S/O BALAKRISHNAN Name of Driver

S8637002F NRIC/Passport Number Contact Number 94295775

Address Postcode

Insurance Company Name Sompo Insurance Singapore Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number **Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SHB7860H

Vehicle Make/Model/Colour

**Details Of Properties** 

TAN Name of Driver

NRIC/Passport Number

Contact Number 96796122 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

#### **IMPORTANT NOTICE**

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder

Date & Time:

11 - 41

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
	Tax)	
	1 , 19	
	1 3 4 7	
	( Corry	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
The same of the sa	DATE OF THE PARTY	
1) I am travolli	ing along Balestier Road	
THE PROPERTY OF	army contemper wond	
	<u> </u>	
2) Tax infant	inddenly stos to give way t	
of har helper o	manenty 3TOS to give way t	D a bus
	0 0	
as T also st	1 2 1 2 1 2 1 1 3	The second second
5) I also stop	my car but lorry behing to and my car time infront.	nd cannot stop in time
and bumped to	atalliana ca - and allow to	t annual field
aria buriler 11	Horny car and mices ut	Trouged forward and
hit the taxi	mfroht.	9
DECLARATION		
We declare the foregoing particular	ulars are true in every respect.	0.0
,		122m
76/11		
MARKE	-1/1/1	y's'r
	- anhentsh	7.7
olicyholder's Signature	Driver's Signature	Reporting Centre Personnal's Signature
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7278705F



Name

TAN YEN KOK



陈衍国

Page CHINESE Date of birth III Country of birth MALAYSIA





REPUBLIC OF SINGAPORE

Commertence: S7278705F



TAN YEN KOK

Heth Date: 01 Jul 1972

FOR C&C USE ONLY



S7278705E

MALAYSIAN Duty of marge

11-05-2011

APT BLK 608 CLEMENTI WEST STREET 1 #04-70 SINGAPORE 120608

FOR C&C USE ONLY

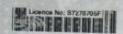
9125393

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

6 Motorcycles not a

Motorcycles not exceeding 200 cc Motor Cars and Blocor Tractors the weight of which unladen does not exceed 2500 kinsters 08 May 199

NP 428A















**Accident Photo** 













































































**Accident Photo** 



























