

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	13/12/2017 14:57
Date Of Accident	12/12/2017 13:30
Exact Location Of Accident	SGH (17 THIRD HOSPITAL AVENUE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9001H
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Insured/Policyholder

Name Of Registered Owner	TAN LEE JOO
NRIC No	S1729267F
Email Address	EEL00J@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98338795
Alternative Phone No	Others-67553691

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 CGI (A)
Exact Purpose for which vehicle was being used at time of accident	FOR MEDICAL CHECKUP AT SGH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100224377
Cover Note Number	

Driver

Name of Driver	TAN LEE JOO
NRIC No	S1729267F
Date Of Birth	08/05/1965
Occupation	INDOOR
Date Of Driving Pass	21/12/2001
Driving Experience	15 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98338795
Fax Number	
Contact Number	OTHERS-67553691
EMail Address	EEL00J@YAHOO.COM.SG
Address	BLK 720 YISHUN STREET 71 #07-243

Postcode	760720
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	RAINING
Road Surface	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB1435G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Name of Driver	STEPHANIE CHEW LI LING
NRIC/Passport Number	S8012623I
Contact Number	96641102
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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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:

13/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

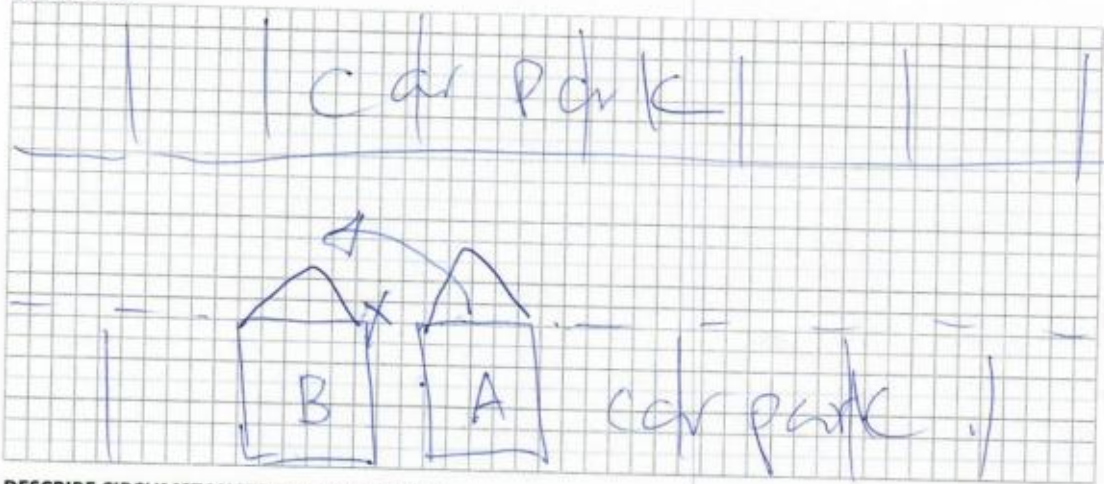
13/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

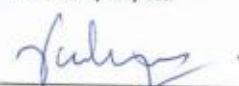
On 12 Dec '17, at about 1330H, as I was leaving the car park at SGT, I accidentally ~~swerved~~ & scratched the car beside me on my left. It was rainy.

DECLARATION


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


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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S1729267F**
Name: **TAN LEE JOO**
Birth Date: **08 May 1965**
Issue Date: **31 Oct 2014**

 002361169F

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1729267F**

 Name: **TAN LEE JOO**
陈丽如
Race: **CHINESE**
Date of birth: **08-05-1965** Sex: **F**
Country/Place of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 21 Dec 2001

NP 420A

 Licence No: S1729267F

FOR C&C USE ONLY

5525449

 PNRD No: S1729267F

 Date of issue: **21-08-2015**

Address: **APT BLK 720 YISHUN STREET 71
#07-243
SINGAPORE 760720**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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