## 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

	ACCIDENT STATEMENT	
Date Of Report	13/12/2017 13:14	
Date Of Accident	12/12/2017 14:45	
Exact Location Of Accident	ALONG NEWTON FLYOVER	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKV4702K	
Insured/Policyholder		
Name Of Registered Owner	FORD CAMERON	
NRIC No	G6343098L	
Email Address	CSEFORD@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-92979957	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL-1.5 (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?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	P10020415R00	
Cover Note Number		
D .		

#### Driver

Name of Driver MOK KIEN FATT
NRIC No S1745325D
Date Of Birth 17/04/1966
Occupation INDOOR
Date Of Driving Pass 10/09/1992

Driving Experience 25 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97575741

Fax Number

Contact Number

EMail Address MARCUS@MARCUSMOK.COM

Address 385 PASIR PANJANG ROAD #02-21

Postcode 118719

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

-

NO

#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions AFTER RAIN

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.

Number of Passengers (Including Driver) 1

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

## REFER TO SKETCH

## 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 SJT6669H Vehicle Make/Model/Colour BMW

**Details Of Properties** 

Name of Driver DESMOND SEAH CHIN KIAT

NRIC/Passport Number S7324294J Contact Number 94894389

Address Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

# **Details of Witness**

Name

Phone Number

**Email Address** 

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

VEHICLE NO: StV 4702k
ACCIDENT DATE: 12/12/2

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- 7. 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:
  - (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.

NOTE: DO NOTE THAT YOU MAY HAVE A **14-DAYS** TIMEFRAME FOR YOU TO SUBMIT AN OWN **DAMAGE CLAIM** UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CHSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

STT6669 H  SKV 4702K  Newton Flyorer
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# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It happened while on the downward slope of
the Newton Flyover.
the Newton flyover.  My car was stationary while waiting for traffic to move and his Ear just crashed wito
to move and his Ear just crashed into
the back of my car.
Apparently he was looking at his GPS and
the back of my car.  Apparently he was booking at his GPS and did not step on his brake.
V
OWN DAMAGE ( ) 3RD PARTY CLAIM ( ) REPORTING ONLY ( ) OWN WORKSHOP ( )

## 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:

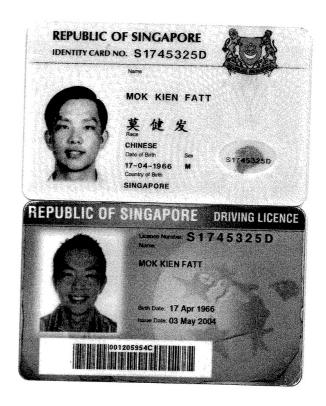
Reporting Centre Personnel's Signature

**JUSTOMCRAFT** 

Name:

NRIC/FIN No.:

CHARN'S



marcus@marcusmok.com

