SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

Address

- 1. 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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/11/2017 13:01
Date Of Accident	09/11/2017 09:30
Exact Location Of Accident	MARYMOUNT RD TO JUNCTION OF SIN MING AVE/BISHAN ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFR6262E
Insured/Policyholder	
Name Of Registered Owner	CHAN WAI KIN
NRIC No	S2557069C
Email Address	CWK@TIMURDESIGNS.COM.SG
Mobile Phone No	(LOCAL) +65-98166376
Alternative Phone No	Others-98166376
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-2.0 J10 (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	2100333082-04000
Cover Note Number	01/04/2017 - 31/03/2018
Driver	
Name of Driver	CHAN WAI KIN
NRIC No	S2557069C
Date Of Birth	04/04/1962
Occupation	INDOOR
Date Of Driving Pass	06/11/1987
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98166376
Fax Number	

OTHERS-98166376

CWK@TIMURDESIGNS.COM.SG

BLK 80 CHAY YAN ST #03-06

Postcode Was driver an employee of the Insured's Company

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

-

1

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.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to attached 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 SLT2674U

Vehicle Make/Model/Colour HONDA BLACK

Details Of Properties

Name of Driver BLAISE TEE CHU FENG

NRIC/Passport Number S8305229E Contact Number 88282847

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

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - (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:

9-11-17 11.35am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		\	
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/We declare the foregoing pa	in Mil	Jan. Junes	SCUNIC SC
	rticulars are true in every respect. Driver's Signature (If driver is not the policyholde	Reporting Centre Personnel's Name:	Signature



FAX: 655,640,960.

CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THRE-PARTY RISKS AND COMPERSATION) ACTICARPTER (88) MOTOR VEHICLES (THRE-PARTY RISKS AND COMPERSATION) NULLEA. 1985 ((DTOR VEHICLES (THRE-PARTY RISKS AND COMPENSATION) (NO.6) TRANSPORT WIT. 1987 (MALLYSIA) (MOTOR VEHICLES (THRO-PARTY RISKS) RULES, 1989 (MALAYSIA)

OWN DAMAGE EXCESS STATUTED WINDSCREEN EXCESS STATUTED AT A AUTHORITIE CERTIFICATE NO. 2/2003/392-0400 1) VEHICLE REGISTRATION NO. 2) NAME OF INSURED BUM INSURED . Make Value INSURING WITH COEPART (4) etar senker 3) EFFECTIVE DATE OF THE COMMENCEMENT 1 April 10 OF INSURANCE FOR the PURPOSES OF THE ACT 2. Notified 10 DATE OF EXPIRY OF INSURANCE S. Notified 10 DATE OF EXPIRY OF INSURANCE 2. Notified 10 DATE OF EXPIRY OF PROBLEM OF EXPIRED TO DATE OF SUBJECT TO AGE COMPITTION 30 years old and above 1. The result of the Compitation of the Subject of the Compitation of the Subject of Subject Tokaced Healthy, upper till gift, combied a peccentante ett me bosen gib other blant fir mej bestedte in en ine Music Welk of The pecces september and the C. Moldoffe disc toker of a firm of the LPC (1997), if the enterminent or opposite that of both of minister of a firm Materials (8). 6) EMMITATION AS TO USE 1.
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11 We menoy Certify that the policy to which this Certificate relative is secured in accordance with the provisions of the Moon Vehicles (Third Party lines and Comparison) Act (Chapter 156) and Part IV of the Year Turnscott Act 1657 (Maleyes)

issued Al Singapore 21 Feb 2017

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AIG Asia Pacific Insurance Ple. Ltd.

AUTHORISED REPRESENTATIVE

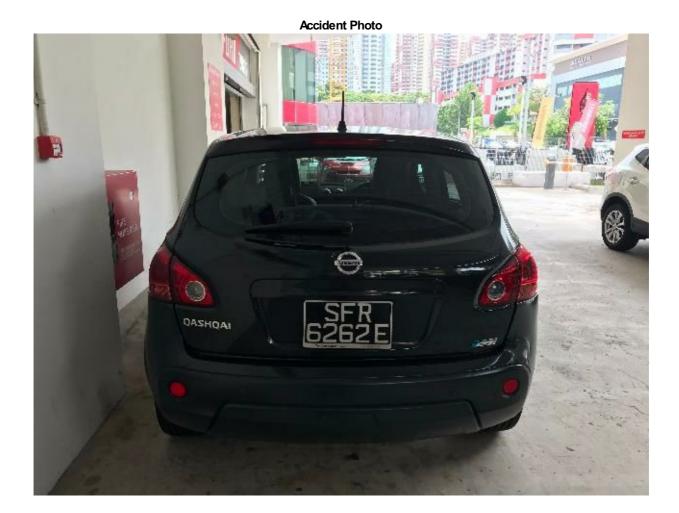
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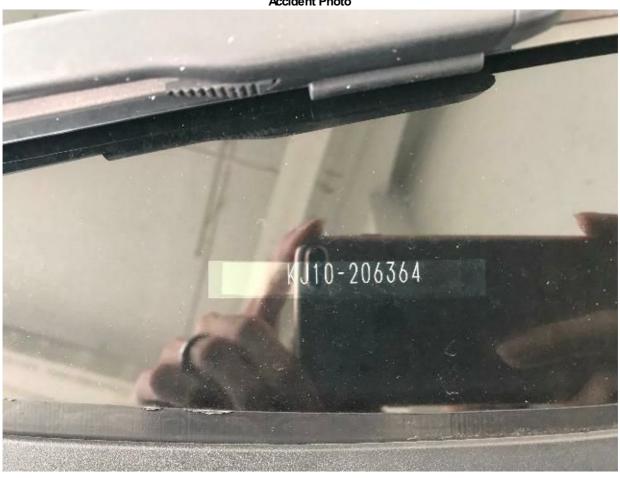




















Accident Photo







