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 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.

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	ACCIDENT STATEMENT
Date Of Report	02/01/2018 11:01
Date Of Accident	01/01/2018 18:30
Exact Location Of Accident	CARPARK AT JUNCT BETWEEN LOR 4 & LOR 5 TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9319G
Insured/Policyholder	
Name Of Registered Owner	TAN WEE KIAT
NRIC No	S7040717E
Email Address	WEEKIATT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94885530
Alternative Phone No	OFFICE-94885530
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1700016362
Cover Note Number	
Driver	

Name of Driver TAN WEE KIAT
NRIC No S7040717E
Date Of Birth 05/11/1970
Occupation INDOOR
Date Of Driving Pass 08/11/1990

Driving Experience 27 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94885530

Fax Number

Contact Number OFFICE-94885530

EMail Address WEEKIATT@GMAIL.COM

Address BLK 503C CANBERRA LINK

#09-37

Postcode 753503

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I PARKED MY CAR IN CARPARK (LOR 4 TOA PAYOH AND LOR 5 TOA PAYOH). AT ABOUT 18: 28 HRS, 01/01/2018, I RETURNED TO MY CAR AND FOUND DAMAGES ON LEFT-HAND FRONT OF MY CAR. SOMEONE LEFT A NOTE ON MY CAR TO INFORM THAT HE ACCIDENTALLY KNOCKED INTO MY CAR IN MY ABSENCE. HIS INFORMATION WAS PROVIDED FOR INSURANCE CLAIM. (SEE 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 GBA524B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver POH LENG TRACTOR

NRIC/Passport Number

Contact Number 90222965

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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 the purpose of the pu
 - 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

2/1/2018 /9:48

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: LIM & Sing

NRIC/FIN No.: GSS

SKETCH PLAN				
	area of a	amage -		
	4			
car perk		- 4		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			35.11 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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returned to	my cor	and Comd	danalls on	Led + - hand
front of m	that he any absence	meone left	a note on	my car
to inform	that he a	accidentally	lenecked in	to my
car in	my absence	. His Inf	emula was	powided
for insuran	e clam -			1
CLARATION				
Ve declare the foregoing parti	culars are true in every res	pect.	Assessed to the second	10000
icyholder's Signature te & Time:	Driver's Signature (If driver is not the p	olicyholder)	Reporting Centre Person Name: Live too S	lona .
9:48	Date & Time:		NRIC/FIN No.: C1 855	256914

TP ATTACHMENT

POHLEONG TRACTOR GBASZ4B

I ACCIDENTALLY HIT YOUR CAR.

PLEASE REPORT TO YOUR INSURANCE.

MY CONTACT: 90222965



















