

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 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	19/01/2018 11:01
Date Of Accident	18/01/2018 19:10
Exact Location Of Accident	COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCQ6118E
Insured/Policyholder	
Name Of Registered Owner	SHAM KEAT MIN
NRIC No	S2559659E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86061181
Alternative Phone No	Office-86061181

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?	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	1700012497
Cover Note Number	

Driver

Name of Driver	SHAM KEAT MIN
NRIC No	S2559659E
Date Of Birth	23/01/1960
Occupation	INDOOR
Date Of Driving Pass	12/09/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86061181

Fax Number	
Contact Number	OFFICE-86061181
EMail Address	NOEMAIL
Address	31 MOUNT SINAI RISE #16-07
Postcode	276953
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

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
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

I WAS DRIVING HOME ALONG COMMONWEALTH AVENUE WEST IN THE DIRECTION OF THE CITY TOWARDS THE JUNCTION OF GHIM ROAD. AS THE TRAFFIC TURNS RED, CARS IN FRONT WERE SLOWING DOWN TO BRAKE TO A STOP. I SLOWED DOWN AND BRAKE TO A STOP. SUDDENLY, THE RED SUBARU BEARING NUMBER PLATE SJJ659D HIT THE REAR OF MY CAR WHILE MY CAR WAS STATIONERY.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ659D
Vehicle Make/Model/Colour	SUBARU / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOKHTAR ISMAEL
NRIC/Passport Number	S1595325Z
Contact Number	98554456
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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: JAN 19, 2018
9:45 AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name: Tony Fong
NRIC/FIN No.: 6204047X

Sketch Plan #2

A = SCQ 6118E
B = SJS 659D

I WAS DRIVING HOME ALONG COMMONWEALTH AVENUE WEST IN THE DIRECTION OF THE CITY TOWARDS THE JUNCTION OF GITHIN MOH ROAD. AS THE TRAFFIC LIGHT TURNS RED, CARS IN FRONT WERE SLOWING DOWN TO BRAKE TO A STOP.

I SLOWED DOWN AND BRAKE TO A STOP. SUDDENLY, THE RED SUBARU BEARING NUMBER PLATE STJ 659D HIT THE REAR OF MY CAR WHILE MY CAR WAS ~~STOP~~ STATIONERY.

DECLARATION:

Policyholder's Signature _____
Date & Time: Jan 19, 2018
9:45 AM



Reporting Centre Personnel's Signature
Name: Tony Faong
NRIC/FIN No.: G7340107X

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

