

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	16/01/2018 11:52
Date Of Accident	15/01/2018 17:05
Exact Location Of Accident	BRADDELL TOWARDS SERANGOON.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8224S
Insured/Policyholder	
Name Of Registered Owner	ORANGE LEASING PTE LTD
Co Reg No	201622533W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62880266

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	
Cover Note Number	

Driver

Name of Driver	TAN HOCK HING
NRIC No	S8022713B
Date Of Birth	12/07/1980
Occupation	INDOOR
Date Of Driving Pass	26/04/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97121980
Fax Number	
Contact Number	
E-Mail Address	EDMUND.HAN@BLUESTARCONCIERGE.COM.SG

Address	BLK 376A HOUGANG ST 32 #13-10
Postcode	531376
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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
Number of Passengers (Including Driver)	2
Passenger 1	Name: : JEANICE CHEN Gender: : Female

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

WAS DRIVING ALONG BRADDELL, VEHICLE B FROM SECOND LANE SUDDENLY CHANGE LANE AND HIT ONTO MY VEHICLE REAR RIGHT. DUE TO THE IMPACT, IT CAUSE MY VEHICLE SKID TO RIGHT AND HIT ONTO VEHICLE C.

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	XD9476X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU5331X
Vehicle Make/Model/Colour	
Details Of Properties	VEH C

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

CERT INS



150 EAST WASHINGTON
ANN ARBOR MI 48106

CERTIFICATE OF INSURANCE

THIS POLICY IS SUBJECT TO THE POLICY CONTRACT AND THE POLICY CONTRACT IS SUBJECT TO THE POLICY CONTRACT AND THE POLICY CONTRACT IS SUBJECT TO THE POLICY CONTRACT

COMPREHENSIVE COMMERCIAL MOTOR		POLICY EXCESS \$5,000.00 (1 A/B)	
CERTIFICATE NO. 8122248		WINDSCREEN EXCESS \$5,000.00	
1) VEHICLE REGISTRATION NO.		2) NAME OF INSURED	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		4) DATE OF EXPIRY OF INSURANCE	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE:		6) LIMITATION AS TO USE:	
<p>1. Regular and occasional drivers of the insured vehicle.</p> <p>2. The insured, licensed driver of the insured vehicle for 2 years.</p> <p>3. The insured's spouse, licensed driver of the insured vehicle for 2 years.</p> <p>4. The insured's child, licensed driver of the insured vehicle for 2 years.</p>		<p>1. All territory, except the United States and the District of Columbia.</p> <p>2. The insured, licensed driver of the insured vehicle for 2 years.</p> <p>3. The insured's spouse, licensed driver of the insured vehicle for 2 years.</p> <p>4. The insured's child, licensed driver of the insured vehicle for 2 years.</p>	
LOSS OF USE: No, Excluded		HIRS PURCHASE COMPANY: No	

THIS POLICY IS SUBJECT TO THE POLICY CONTRACT AND THE POLICY CONTRACT IS SUBJECT TO THE POLICY CONTRACT

Effective 11/01/2017

Signature: [Handwritten Signature]

AGENT: [Name]

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

