

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 willful 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	02/02/2018 13:53
Date Of Accident	29/01/2018 15:30
Exact Location Of Accident	ECP TOWARDS AIRPORT (AFTER FORT ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3236L
Insured/Policyholder	
Name Of Registered Owner	NG MUAN LEONG
NRIC No	S26203271
Email Address	LEONNGML@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97887084
Alternative Phone No	OTHERS-97887084

Vehicle Particulars

Manufacturer	MINI
Model	COOPERS CLUBMAN AT LED NAV 1998CC
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	1700084822
Cover Note Number	

Driver

Name of Driver	NG MUAN LEONG
NRIC No	S26203271
Date Of Birth	02/01/1967
Occupation	INDOOR
Date Of Driving Pass	12/12/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97887084
Fax Number	
Contact Number	OTHERS-97887084
E-Mail Address	LEONNGML@GMAIL.COM

Address 3 JALAN BULOH PERINDU
SINGAPORE

Postcode 457661

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 - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

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: : WEE HUI YING
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

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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 SLK5693S

Vehicle Make/Model/Colour

Details Of Properties

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)

Sketch Plan

SKETCH PLAN

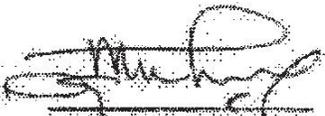
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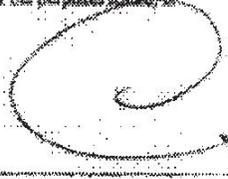
3. Consent under the Personal Data Protection Act (PDPA)

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 processed 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 mine requested 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 in being 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 "Purpose(s)").
- (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 Purpose(s); 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 based outside of Singapore, for one or more of the above Purpose(s).
- (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: 2/2/18 1.51pm

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


 Reporting Centre Person's Signature
 Name: Jia Min
 NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

		Vehicle No. A: B11328CL B: SLK569SS
		Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 JAN 2018 AROUND 3:30 PM I WAS DRIVING ALONG ECP TOWARDS CHINA AIRPORT. AFTER FORT ROAD PLY OVER, THE FRONT TRAFFIC SLOWS AND I SLOWED DOWN, AND I WAS HIT FROM BEHIND.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against such policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature 	Driver's Signature (if driver is not the policyholder) 	Reporting Centre Personnel's Signature
Date & Time: 2/1/18 1:51 PM	Date & Time:	Name: Jim Ming NRIC/PR No:

CLARENCE Form 01