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 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 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.

	atoresaid.	
		ACCIDENT STATEMENT
	Date Of Report	23/02/2018 10:38
	Date Of Accident	22/02/2018 12:00
	Exact Location Of Accident	PIONEER ROAD NORTH ROUNDABOUT
	Country/State of Loss	SINGAPORE
		DETALS OF OWN VEHICLE
	Vehicle Registration Number	SGG1808K
	Insured/Policyholder	
	Name Of Registered Owner	CHO YOUNG JOON
	NRIC No	S7063472D
	Email Address	GIDEON89@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-91853565
	Alternative Phone No	Others-91853565
	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

1700066230

Cover Note Number **Driver**

Policy Number

Name of Driver AHN HYO JEONG
NRIC No S7361546A
Date Of Birth 27/11/1973
Occupation INDOOR
Date Of Driving Pass 27/12/2008

Driving Experience 9 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90181395

Fax Number

Contact Number

EMail Address YEPUNI1004@GMAIL.COM

Address 26 WILBY ROAD

#07-30 276308 Postcode NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

NO

General Information of the Accident

Type Of Accident **COLLISION - ROUNDABOUT**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

Circumstances of Accident

I WAS DRIVING TOWARDS THE ROUNDABOUT, WHEN THE TAXI STOPPED IN FRONT OF THE ROUNDABOUT. I TRIED TO STOP BUT HIT THE REAR BUMPER OF THE TAXI. THE SPEED OF MY CAR WAS 12 KWHR AT THE TIME OF THE ACCIDENT.

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 SH8580Y

Vehicle Make/Model/Colour HYUNDAI SONATA / BLUE / COMFORT DELGRO

Details Of Properties

TAXI Vehicle Category

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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- 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.
- 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:

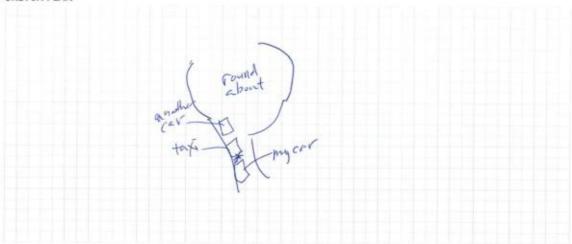
Driver's Signature

(If driver is not the policyholder)

Date & Time: +

Reporting Centre Personnel's Signature

Name: Tony Foog NRIC/FIN No.: GZOYNYTX



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards the round about when the taxi
I was driving towards the round about when the taxi Stopped in front of the round about. By I tried to stop but hit the roar bumper of taxi. The speed of my car was 12/an/hr at the time of the accident.
but hit the roar bunger of taxi. The sneed of my ray was
121an/hr at the time of the accident.
A PRE

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

23 Feb 2018 9:004m
Date & Time:

Date & Time:

Reporting Centre Personnel's Signature

Name: Tony Foory NRIC/FIN No.: 672040147X





















