

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	12/02/2018 20:49
Date Of Accident	10/02/2018 16:20
Exact Location Of Accident	LORNIE ROAD (AFT LORNIE WALK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY323B
Insured/Policyholder	
Name Of Registered Owner	QUEK TSE KWANG KENNETH
NRIC No	S0234999Z
Email Address	QUEKTK@RTNQ.COM
Mobile Phone No	(LOCAL) +65-98301420
Alternative Phone No	OFFICE-62211366

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 TFSI S-TRONIC
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	2100446295-02
Cover Note Number	

Driver

Name of Driver	LIM LIAN HO DIANA
NRIC No	S0000301H
Date Of Birth	08/12/1951
Occupation	INDOOR
Date Of Driving Pass	19/11/1982
Driving Experience	35 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96366333
Fax Number	
Contact Number	
EMail Address	DIANA.QUEK@CITI.COM

Address	131 STEVENS ROAD
Postcode	257869
Was driver an employee of the Insured's Company	NO
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	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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: : MAGDALENE TIEN
	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

DATE: SATURDAY, 10 FEB 2018. TIME: ABOUT :4.20 PM. LOCATION: LORNIE ROAD. I WAS DRIVING ON THE LEFT LANE OF LORNIE ROAD TOWARDS DUNEARN ROAD WHEN SUDDENLY, I HEARD A LOUD BANG. A SBS BUS HAD COLLIDED INTO THE RIGHT SIDE OF MY CAR, SMASHING THE SIDE MIRROR WHICH WAS SEVERELY BENT INTO THE CAR. THE SBS DRIVER EXPLAINED THAT HE WAS RUSHING TO BOON LAY INTERCHANGE TO MEET DATELINE. (THE BUS WAS "OFF-SERVICE" AND WAS EMPTY). THE MIRROR WAS SO BADLY SMASHED AND DAMAGED THAT IT HUNG ON THE HINGE

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	SBS8775X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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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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.

see attached

Policyholder's Signature
Date & Time:

Traveller

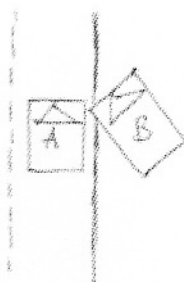
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature

Reporting Centre Personnel's Signature
Name: Mr. Koo Seng
NRIC/FIN No.: G655256am

Sketch Plan #2

SKETCH PLAN



A: SLY 323 B
B: SBS 8775 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date Sat Feb 10 2018
Time about 4:20pm
Location Lornie Road
I was driving on the left lane of Lornie Road towards Dunearn Road when suddenly, I heard a loud bang. A SBS Bus had collided into the right side of my car, smashing the side mirror which was severely bent into the car. The ^{SBS} driver explained that he was rushing to Boon Lay Interchange to meet deadline. (The bus was "off-service" + was empty) The mirror was so badly smashed + damaged that it hung on the hinge.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: L. M. E. S. S. S. S.
NRIC/PIN No.: 999999999999