

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	05/03/2018 17:02
Date Of Accident	19/02/2018 10:00
Exact Location Of Accident	QUEEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR818R
Insured/Policyholder	
Name Of Registered Owner	TAN SUE-ANNE
NRIC No	S7922814A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96313113
Alternative Phone No	Others-96913331

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100466292-01000
Cover Note Number	

Driver

Name of Driver	TAN KOK CHYE
NRIC No	S7409237C
Date Of Birth	26/03/1974
Occupation	INDOOR
Date Of Driving Pass	30/04/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96313113
Fax Number	
Contact Number	
E-Mail Address	TANKOKCHYE@YAHOO.COM

Address	100 CLEMENCEAU AVENUE NORTH
Postcode	#09-107 229491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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: : LAY TIN LIM 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 SKETCH PLAN & STATEMENT

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	SKJ6905Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. PANG Q F
NRIC/Passport Number	S7008332I
Contact Number	96637608
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) involving 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' lawyer/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' lawyer/law firm, 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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

SKETCH PLAN

SEE ATTACHMENT



SKETCH PLAN

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 - (ii) investigating the accident and/or my claims;
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FDL

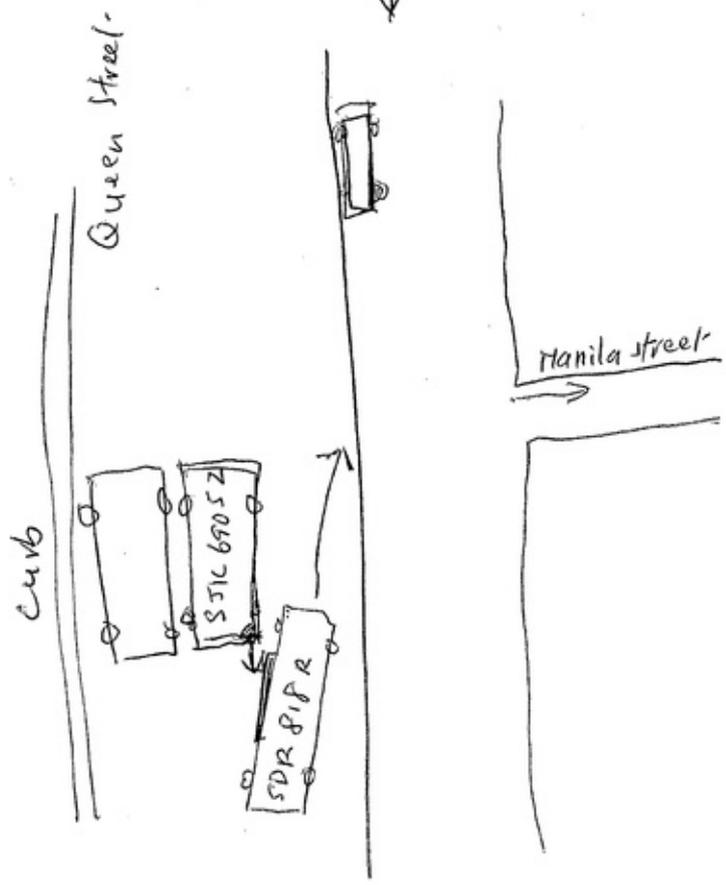
MARCEL 5:15

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel Time

SKETCH PLAN

SEE ATTACHMENT

9.55 am . 19/11/18



SANOFI



19/2/18 10am. Along Queen Street

On 19/2/18 at about 10am I was driving along Queen Street going towards a side street next to Bugis Plus called Manila Street which was on my right.

I found my way blocked by two cars which were stationary and idling side by side on the left side of the road. Queen Street is a two way street and traffic was rather heavy. I hounded at the driver of the outer car to move and waited. He did not budge. I had no alternative but to cautiously manoeuvre my car round the stationary outer car and at the same

time trying to avoid going across the
center dividing line to the other side where
cars were moving down. I successfully turned
into Hanita street and drove on. Then I heard
furious hooting from behind and stopped.

The driver of the pursuing car got out and
said that I had hit his cow. I then
realized he was the driver of the idling
car I had looked at bearing no. plate

SKT 0905Z. I was not aware my car
had connected with his. I thought the
sqr "thud thud" sound I heard were
from my car going over a road hump.

I looked at my car and saw
on the left side a line where paint

had been stripped off. The right rear bumper of Car S/C 69052 appeared to have some whitish paint over it.

We then exchanged particulars and took pictures.

There were no personal injuries.

Tan Kok Chye

Tan Kok Chye

S/c 7409237C.

20/2/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

