

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	26/02/2018 09:55
Date Of Accident	23/02/2018 17:15
Exact Location Of Accident	ALONG THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6295U
Insured/Policyholder	
Name Of Registered Owner	DAVE LIM
NRIC No	S0181038C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90679309
Alternative Phone No	OFFICE-90679309

Vehicle Particulars

Manufacturer	KIA
Model	-
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	1700035712
Cover Note Number	-

Driver

Name of Driver	CHEONG MEI KAY
NRIC No	S8783112D
Date Of Birth	12/10/1987
Occupation	INDOOR
Date Of Driving Pass	23/09/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98119302
Fax Number	
Contact Number	
EEmail Address	MEIKAYCHEONG@GMAIL.COM

Address	BLK 943 HOUGANG ST 92 #08-131
Postcode	530943
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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: : LEE LIM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBM7106R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

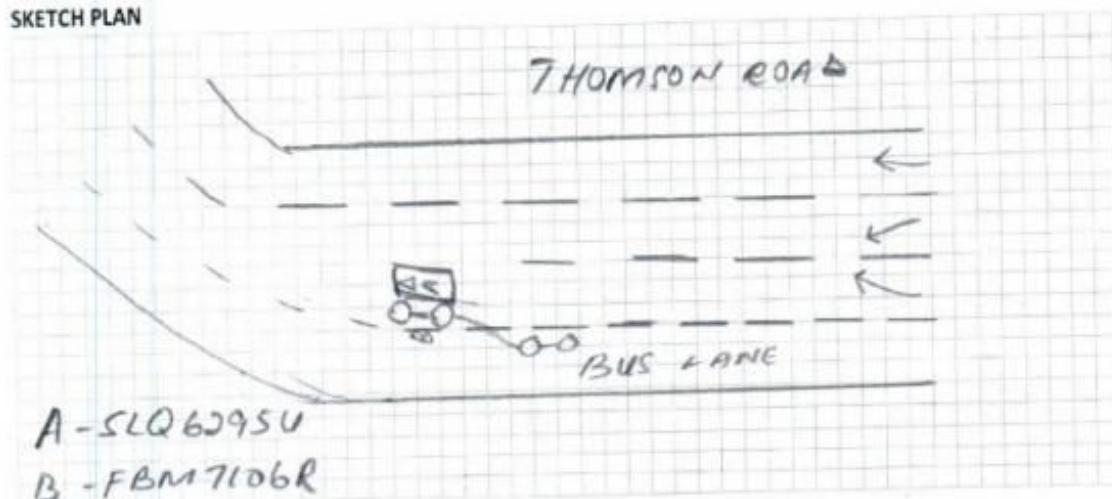
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

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: _____
NRIC/FIN No.: _____

POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Cheong Mei Kay, NRIC: S8783112D, has reported to the Police a non-injury traffic accident which occurred along Thomson Road on 23/02/2018 at 1715hrs involving the following vehicles:

1. SLQ6295U (complainant's vehicle)
2. FBM7106R

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

On 23/02/2018 at about 1715hrs, I was driving my vehicle SLQ6295U along Thomson Road as such I noticed there is 2 motorist on my left lane. Subsequently, my vehicle had went passed them and entered a merging lane.


As such, a motorist FBM7106R came very near to my vehicle front left side portion. A minor collision occurred but she did not fell down and nobody is injured due to the accident. After which, when we were negotiating she was with another female motorist began to claim that it was all my fault. Both motorist were aggressive and talk in a loud tone. My vehicle has in-vehicle CCTV.

Rank/Name of Issuing Officer: SGT T130251 Dominique Tai

Date: 24/02/2018 Time: 1545hrs

S/D Ref: 68

Police Post/Unit: Hougang NPC


T130251
HOUGANG NPC
60 HOUGANG AVE 6
SINGAPORE 538776
TEL: 1800-4890999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



S8783112D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



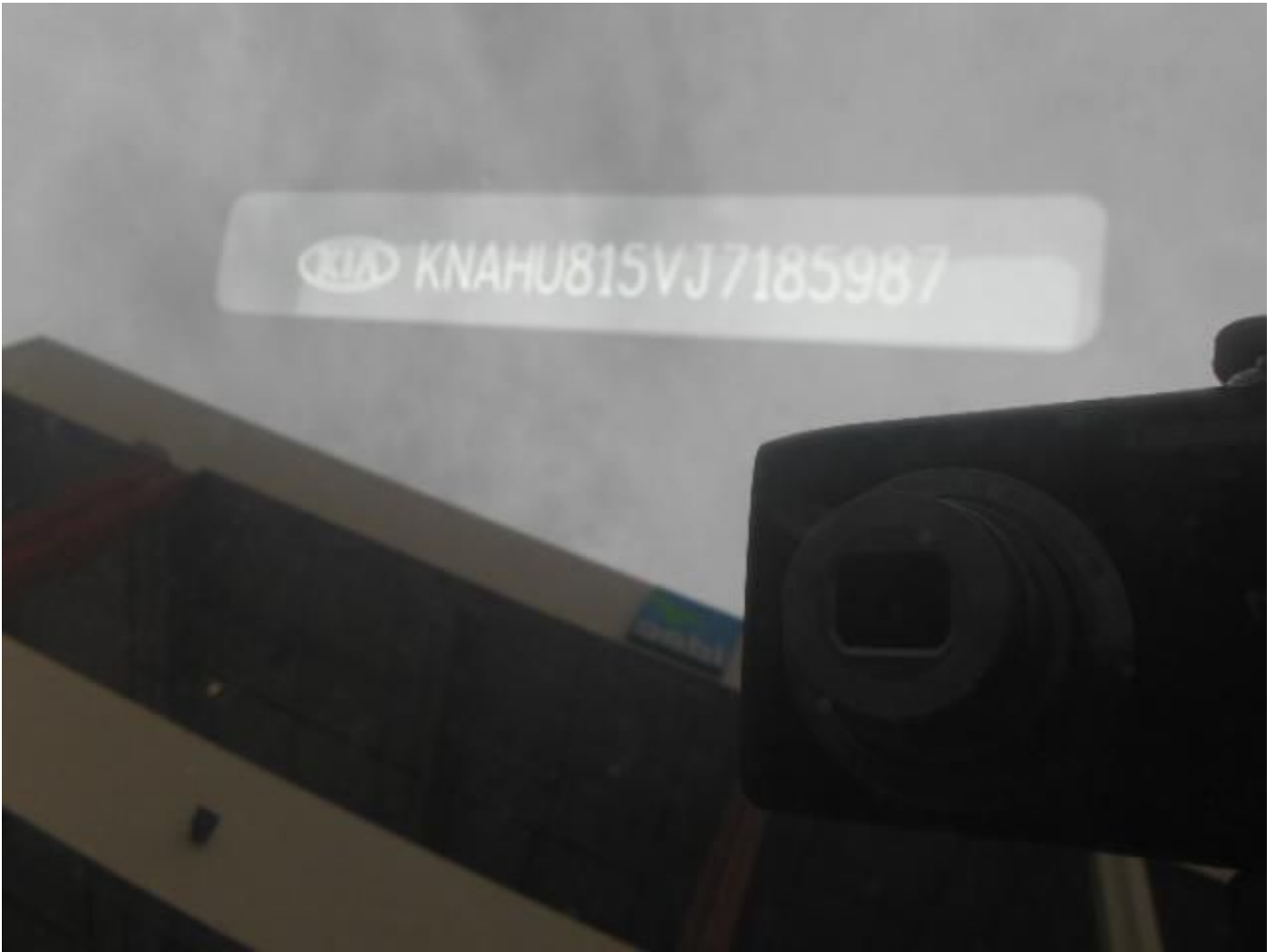
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Accident Photo

