

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	01/03/2018 10:37
Date Of Accident	01/03/2018 09:00
Exact Location Of Accident	PORTSDOWN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8799Y
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Insured/Policyholder

Name Of Registered Owner	HAN WAI LYNN LENA
NRIC No	S7524623D
Email Address	LENAJHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96890815
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
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?	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	2100379182-00000
Cover Note Number	

Driver

Name of Driver	HAN WAI LYNN LENA
NRIC No	S7524623D
Date Of Birth	15/08/1975
Occupation	INDOOR
Date Of Driving Pass	31/03/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96890815
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	LENAJHAN@GMAIL.COM

Address	APT BLK 14 KAMPONG ARANG ROAD
Postcode	#02-31 431014
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	
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)	1

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

PLEASE REFER TO THE SKETCH PLAN

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	SKZ1460G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN ENG KONG
NRIC/Passport Number	S7302690C
Contact Number	92331720
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. 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)**

(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.

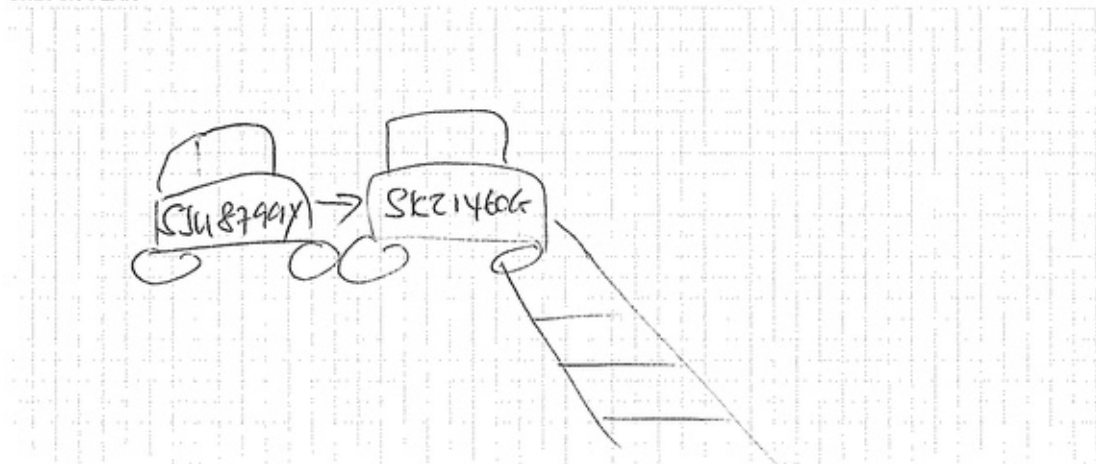
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJU 8799Y	ACCIDENT DATE & TIME: 1 March 2018, 9am
CONTACT NUMBER: 96890815	E-MAIL ADDRESS: lenajhan@gmail.com
LOCATION: Portdown Road.	
at Portdown Rd.	
Veh SKZ 1460G was at the pedestrian crossing SJU 8799Y	
was turning into Slip road towards Portdown Rd and did	
not have time enough time to stop. Hence hit SKZ 1460G	
Driver name: Tan Eng Kong	
NRIC NO: S7302690C	
HP: 9233 1720	
Veh NO: SKZ 1460 G (lease car from Euro Motors)	
Car model: Alfa Romeo Giulietta (Red)	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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


 Policyholder's Signature
 Date & Time: 20 1/5/2018

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


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Han Wai Lynn Lena.

Licence Number: **S7524623D**
 Name: **HAN WAI LYNN LENA (HAN HUILING LENA)**
 Birth Date: **15 Aug 1975**
 Issue Date: **31 Dec 2014**

Barcode: 0023813948

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7524623D

Portrait photo of Han Wai Lynn Lena.

Name: **HAN WAI LYNN LENA (HAN HUILING LENA)**
 韩慧玲
 Race: **CHINESE**
 Date of birth: **15-08-1975** Sex: **F**
 Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE

31 Mar 1995

NP 428A



3769505

Barcode: S7524623D

Portrait photo of Han Wai Lynn Lena.

Date of issue: **13-09-2005**
 APT BLK 14 KAMPONG ARANG ROAD #02-31
 SINGAPORE 431014
 NRIC No: **S7524623D** Date: **22/09/2015**



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.X.1

AUTOMOBILE	OWN DAMAGE EXCESS \$5,800.00 (in)
CERTIFICATE NO. 10007018206000	WINDSCREEN EXCESS \$5,000.00
1) VEHICLE REGISTRATION NO.	SUM INSURED Market Value 711
2) NAME OF INSURED	INSURING WITH GORE PART Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	8008/99
4) DATE OF EXPIRY OF INSURANCE	Har Wat Lynn Loh
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE	10 Jun 2017
6) SUBJECT TO AGREEMENT ON AGRAND	9 Jun 2018
<p>7) LIMITATION AS TO USE</p> <p>Use only for social, domestic and business purposes and for the insured's business.</p> <p>The Policy does not cover use for hire or for full or part time driving for profit or for pleasure or for any other purpose not intended by the insured.</p> <p>8) LOSS OF USE - Loss of Use (Maximum \$6000) Rate to policyholder's discretion</p> <p>9) NAMED DRIVER NA</p> <p>10) HIRE PURCHASE COMPANY / Leasing</p> <p>11) EMPLOYER'S LOAN</p>	

12) We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

13) Issued in Singapore 18 Jun 2017

14) 000084-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

15) AIG Asia Pacific Insurance Pte. Ltd.

16) AUTHORIZED REPRESENTATIVE

17) ORIGINAL

18) SSPWTC

19) AIG Building, 78 Shenton Way #07-16 Singapore 079120

20) AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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