

## 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	26/03/2018 19:50
Date Of Accident	25/03/2018 12:55
Exact Location Of Accident	301 UPPER THOMSON ROAD S574408
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2147R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEE KOK LIAN
NRIC No	S2675026A
Email Address	TEEYANGG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90250358
Alternative Phone No	HOME-66676420

### Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK-2.5 I-S CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	1700022097
Cover Note Number	

### Driver

Name of Driver	TEE YANG
NRIC No	S9271858A
Date Of Birth	26/01/1992
Occupation	INDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90250358
Fax Number	
Contact Number	
Email Address	TEEYANGG@GMAIL.COM

Address	1
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MICHELLE ANNE 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

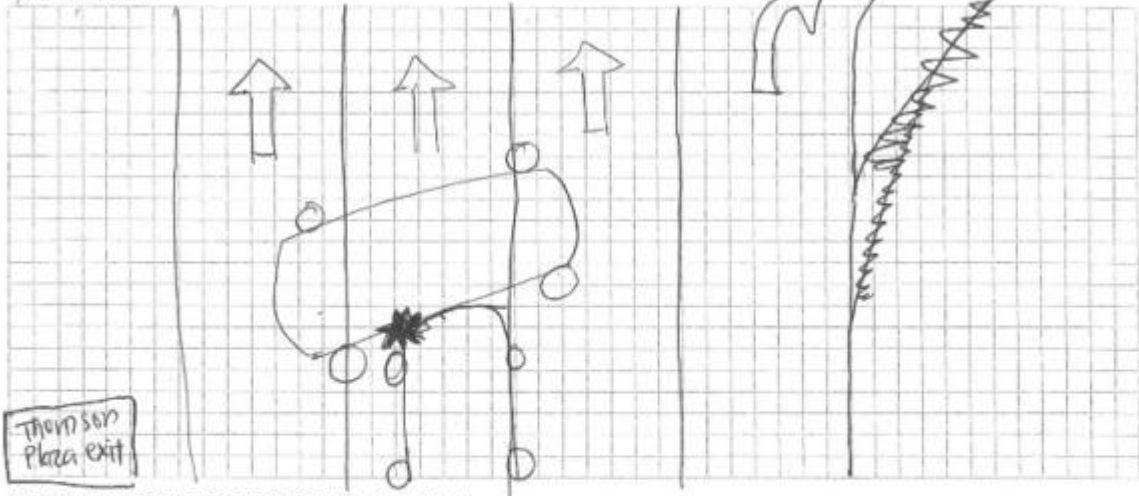
KINDLY REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was travelling along upper Thomson road in the middle lane. As I was approaching Thomson Plaza, a KIA Cerato cut out from the exit of Thomson Plaza in an attempt to cut across all three lanes to perform a U-Turn. As I was already at a close distance, I braked and sounded my horn to warn the driver. However, the driver stopped in the middle of the lane, at a diagonal position. My car I had engaged my brake fully but my car couldn't stop in time and skid towards the car. The left side of my bumper hit ~~the~~ his right rear door. We got out of the car to assess the damage and exchange contacts. He admitted that he was trying to cut to the U-turn lane.

## DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time: 26/03 10:30 AM

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 26/03 10:30

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

## 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: 26/02 10.30 am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/02 10.30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





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