

## 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	23/04/2018 18:13
Date Of Accident	14/04/2018 01:50
Exact Location Of Accident	MACALISTER RD CARPARK H EXIT GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ69H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY CHEOW LAM
NRIC No	S1824808E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96950022
Alternative Phone No	Others-96950022

### **Vehicle Particulars**

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	1700024688
Cover Note Number	

### **Driver**

Name of Driver	PATRICE TEO YAN
NRIC No	S1766519G
Date Of Birth	15/02/1966
Occupation	INDOOR
Date Of Driving Pass	02/08/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97456181

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

1 LEICESTER ROAD  
#04-11

Postcode

358828

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

COLLISION - MAJOR/MINOR RD

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: : TAY CHEOW LAM  
Gender: : Male**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**

THE ACCIDENT HAPPENED ON 14/04/2018 AT AROUND 1.50 AM. AS I WAS ABOUT TO EXIT FROM THE CARPARK GANTRY, I REALIZED THERE IS A LORRY PARK JUST OUTSIDE THE GANTRY. I THEN, MADE A RIGHT TURN TO EXIT BUT UNFORTUNATELY MISJUDGED THE DISTANCE AND THEREFORE SIDE SWIPE THE BUMPER.

**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

XE7999L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NAZIR BIN AHMAD

NRIC/Passport Number

S7517665A

4/27/2018

E-FILE

Contact Number

87496797

Address

424D YISHUN AVE 11  
#03-330

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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.

 23/4/18

Policyholder's Signature  
Date & Time:

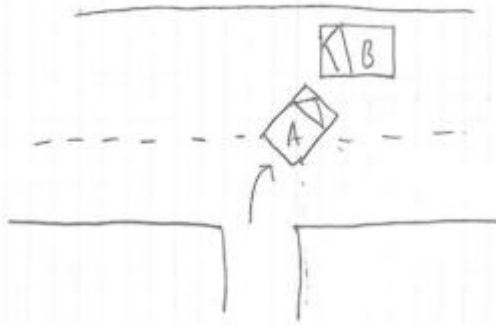
 23/4/18

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



Reporting Centre Personnel's Signature  
Name: Tony Fong  
NRIC/FIN No.: 62040197

## SKETCH PLAN



A= SGZ 6914

B= XE 7999L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 14/4/18 at around 1.50 pm. As I was about to exit from the car park gantry, I realized there is a lorry park just outside the gantry. I then made a right turn to exit but unfortunately misjudged the distance and therefore side swipe the bumper.

## DECLARATION

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

*[Signature]* 23/4/18  
 Policyholder's Signature  
 Date & Time:

*[Signature]* 23/4/18  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:



Reporting Centre Personnel's Signature  
 Name: Tony Foong  
 NRIC/FIN No.: G2040167X

**Accident Photo**





**Accident Photo**



**Accident Photo**





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**





**Accident Photo**

