SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	25/04/2018 14:46
Date Of Accident	25/04/2018 08:05
Exact Location Of Accident	BETWEEN JUNCTION OF JOAN ROAD AND LORNIE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDB5962H
Insured/Policyholder	
Name Of Registered Owner	SOPHIA ANG BEE LENG
NRIC No	S1779458B
Email Address	SOPHIAANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96729458
Alternative Phone No	Office-96729458
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LEXUS CT200H AUTO PREMIUM
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100264809-06000
Cover Note Number	
Driver	
Name of Driver	SOPHIA ANG BEE LENG
NRIC No	S1779458B
Date Of Birth	11/05/1966

INDOOR

08/08/1985

32 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96729458

Fax Number

Contact Number OFFICE-96729458

EMail Address SOPHIAANG@GMAIL.COM
Address 27 JALAN JINTAN #06-33

Postcode 229017
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

enicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 25/04/2018, AT ABOUT 0806 HRS, I WAS DRIVING ON JOAN ROAD, I STOPPED AT JUNCTION OF JOAN ROAD AND LORNIE ROAD. THE CARS HAD STOPPED ON LORNIE ROAD. THEN, I DROVE TOWARDS MAC RITCHIE CAR PARK. THE CAR (SJP 5683 T) ON LEFT HAND SIDE LANE OF LORNIE ROAD RAMMED INTO REAR DOOR LEFT HAND SIDE OF MY CAR(SDB 5962 H). I AM ALONE IN THE CAR, THE DRIVER (SJP 5683 T) HAD ONE OTHER OCCUPANT AND NO ONE INJURED. MY CAR DOOR FRONT LEFT AND REAR LEFT UNABLE TO OPEN.

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 SJP5683T

Vehicle Make/Model/Colour AVANTE/HYUNDAI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number KHOO CHYE TENG S6924745H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 6. The 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
- 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)

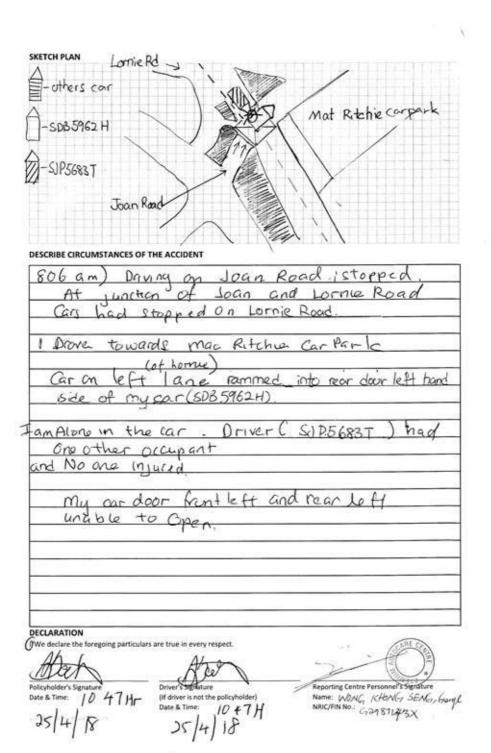
I understand, acknowledge, agree and consent that:

- (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)
 - (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
- (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, nvestigation 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.

1047 HC

Reporting Centre Pers Name: WONG KHONG SENG GROGE

NRIC/FIN No.: 6729878432

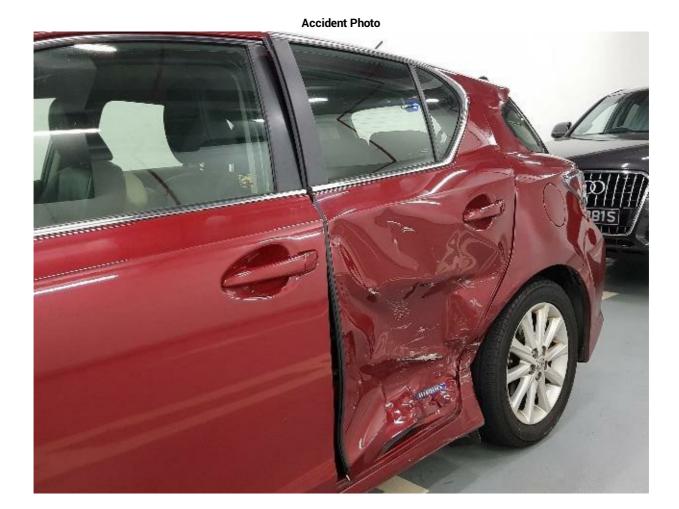




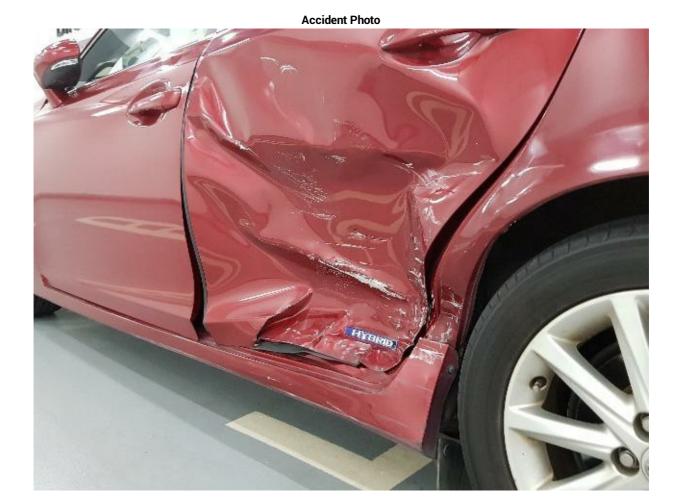


Accident Photo













Accident Photo

