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 <u>truthful and accurate</u> 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	02/05/2018 13:59
Date Of Accident	30/04/2018 19:25
Exact Location Of Accident	MCE EXTREME RIGHT LANE BEF EXIT 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB9903U
Insured/Policyholder	
Name Of Registered Owner	KHOO KAH BEE
NRIC No	S6832294D
Email Address	KHOOKAHBEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96990609
Alternative Phone No	Home-66489136
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 COUPE 2.0 TFSI
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
f 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	NO
Policy Number	2100507276-01
Cover Note Number	
Driver	
Name of Driver	KHOO KAH BEE
NRIC No	S6832294D
Date Of Birth	23/08/1968

INDOOR

17/08/1994

23 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96990609

Fax Number

Contact Number HOME-66489136

EMail Address KHOOKAHBEE@YAHOO.COM

Address BLK 267A COMPASSVALE LINK

#16-77

Postcode 541267 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 CHAIN COLLISION

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.

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?

If Yes, against whom?

Circumstances of Accident

THE ACCIDENT OCCURED ON 30/04/2018 AT ABOUT 725PM ABOUT BEFORE EXIT 2 OF MCE ON THE RIGHT LANE. I WAS TRAVELLING STRAIGHT AND THE FRONT VEHICLE (AUDI SDG1921B), APPLIED BRAKE SUDDENLY AND I IMMEDIATELY APPLIED BRAKE AS WELL. THE CAR BEHIND ME, (TOYOTA SBF99K), COLLIDED INTO THE REAR OF MY CAR AND CAUSED A CHAIN COLLISION.

NO

NO

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 SBF99K

Vehicle Make/Model/Colour TOYOTA / CHAMPANGE GOLD/

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC Income Insurance Co-operative Ltd

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDG1921B

Vehicle Make/Model/Colour AUDI/ A4 / WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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)

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.
- 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: 2 May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: LIM KOR STORE NRIC/FIN NO :: 685525 6914



VI SDB 1921 B V3 SBF 99K V2 SKB 99D3U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUIVISTANCE	OF THE ACCIDENT	
The accident occurred	on 30/4/2018 at about 725 pm	n about before Exit2 of MCE on
the right lane.		
I was trowelling str	aight and the front vehicle	(Audi SDG 19213) applied brake
suddenly and I IN	mediately applied brake as i	Nell The Can belied me (Touche SBF gar
whited just the	Year of muran and canced a	Nell. The car behind me (Toyota SBF 99K
and will	1 1 3 000 000 000	Consider and the
DECLARATION		SMOBIL
We declare the foregoing parti	culars are true in every respect.	THE STATE OF THE S
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time: 2 May 2016 034 aw

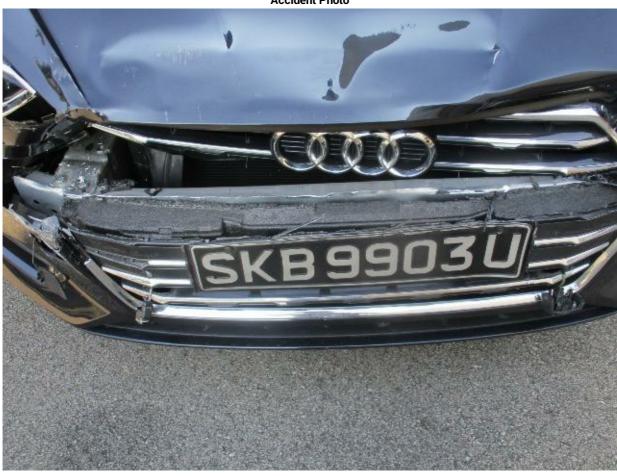
(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Ling log Symy NRIC/FIN No.: GRSSZSCAM



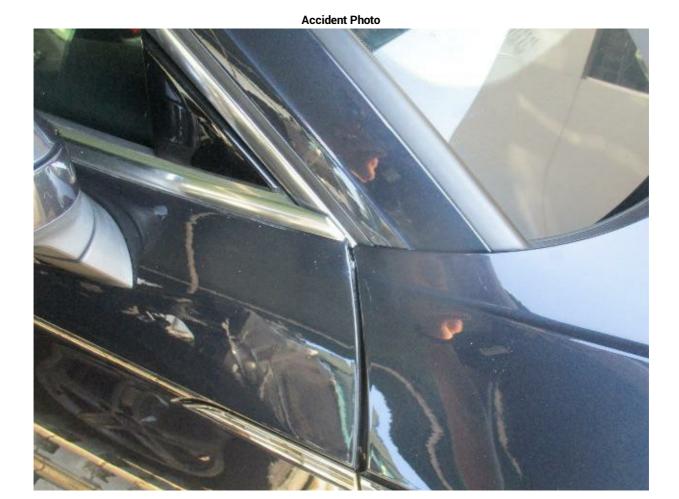














Driving License







