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 <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 aforesaid

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	08/05/2018 12:32			
Date Of Accident	07/05/2018 06:20			
Exact Location Of Accident	ALEXANDRA ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKZ7993X			
Insured/Policyholder				
Name Of Registered Owner	PETER TAN ENG HOE (CHEN YINGHAO)			
NRIC No	S7602865F			
Email Address	ELSHADDAI76@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-96643814			
Alternative Phone No	OTHERS-96643814			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	ATTRAGE 1.2 CVT			
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			
If No, Please state action to be taken	REPORTING ONLY			
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	2100449895-02			
Cover Note Number				
Driver				

Name of Driver PETER TAN ENG HOE (CHEN YINGHAO)

 NRIC No
 \$7602865F

 Date Of Birth
 09/01/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 01/02/2005

Driving Experience 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96643814

Fax Number

Contact Number OTHERS-96643814

EMail Address ELSHADDAI76@HOTMAIL.COM

BLK 55 TELOK BLANGAH DRIVE Address

#06-70 100055

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

NO

NO

YES Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

JPS5472

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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 insurers) 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:
 - 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:
 - 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: DTDS 18

Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

KETCH PLAN	A		
		^ \	A-SKZ7993 B-JPS547
P	llexandra 1	2d.	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
AUF as my workple was travelling on the Immediately I shopped I was shunned monunts shopped just larger 1 chase. The man can the thon called early his over and said I was I was going my ow came over and bid v I deaded to take the I lake spoke to the	travelling along Alexandric to in Clomenti. third law out into in third law out into in the driver inty However, the driver inty However, I change down and apologue boes and I called in the point in the covered with a called the best wind and could book who called the best wind could book who claimed are Malaysians driving	Suddonly, a report of the saw that a saying that my agant. Subsect of the saw that are to the say	ingented puck which Int me. AyF. The puck then I was gring the did not see me. requirily he come explained that companies then oud infiniteding,
DECLARATION I/We declare the foregoing particula Policyholder's Signature	irs are true in every respect. Driver's Signature	Reporting C	entre Personnel's Signature

Sketch Plan #3

Alexandra Rd



Image capture: Jan 2018 @ 2018 Google

Singapore



Street View - Jan 2018

































