SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/05/2018 13:16
Date Of Accident	22/05/2018 07:20
Exact Location Of Accident	YISHUN AVE 2 (JUNCTION OUTSIDE NORTH POINT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE5017B
Insured/Policyholder	
Name Of Registered Owner	LOW CHONG LAM
NRIC No	S7344854I
Email Address	LOWCHONGLAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92700500
Alternative Phone No	Others-92700500
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	2100476138-01000
Cover Note Number	
Driver	
Name of Driver	LOW CHONG LAM
NRIC No	S7344854I
Date Of Birth	05/12/1973

INDOOR

28/10/1996

21 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92700500

Fax Number

Contact Number OTHERS-92700500

EMail Address LOWCHONGLAM@YAHOO.COM

BLK 354D ADMIRALTY DRIVE Address

#07-312

Postcode 754354 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

NO

NO

3

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1 Name: : JUSHUA TEH

> Gender: : Male

Passenger 2 Name: : LAMY LOW ZHUO

> Gender: : Male

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?

NO

NO

Circumstances of Accident

REFER SKETCH PLAN & STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC560D Vehicle Make/Model/Colour MERC C180

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ANG KOK KIANG

NRIC/Passport Number S1418220I Contact Number 96189366

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

Passenger 1 Name:

Gender:

Passenger 2 Name: :

Gender:

Passenger 3 Name: :

Gender:

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 interested parties.
- 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.
- - (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.

Date & Time

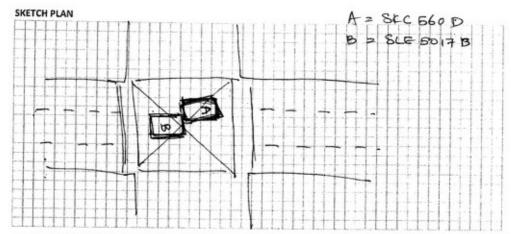
11:50 am

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

Toporting Centre Personnel's Signature

MRIC/FIN No.:

Giantis Sauschiverlann VI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd May, ground 720 am, I stopped my car
at traffic light (cross-junction) at Yishun Ave 2, outside
Northpant shapping untre.
When the lights turned gran, vehicle SKC 560D
to my left moved and signalled left but different
en wach into my lane and suddenly applicat emergency
braked on the dash white long marking. (under attential)
braked on the dash white long marking. (under attached) This resulted in my vehicle water rear-ended
SKC 560D. Both myself and Mr Ang (other vehicle)
attention to Doner of SKC BLOD (Mr Am) did not alimbe
and method rehifted his which away from scene.
+ alignified to chick the agrace, and my rear as
the refricte behind me I heard a knocking soind bollown the collision. There was no visible damage to the my visible left. I signal to the diver.
my collision. Then was no visible damage to the my
which left , I signal to the down.
Subsequently, I do shifted my vehicle to
the bus stop, postopping in front of skc 5600 to
exchange details with Mr Ang.
J

DECLARATION

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

Policyholder's Signature

Date & Time: 2-3 /5-/18

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

Date & Time:

Apporting Centre Personnel's Signature Name: NRIC/FIN No.:

TP STATEMELY

	Mr Ang was doney dlong Yichen while a
	Mr Ang was drawy dinony Yichen while a cyclish cross his trade when green light is in his former. He exepped semengency stop to around collosion at cross juncture.
	He etopod smergency stop to aread colleges at
	Cross handows
	7 20 kg Kork Fin
	7.30 pm
707	
-	











