

MMIE18069124 / Motor Image Enterprises Pte Ltd - Toa Payoh
ENTRY DATE & TIME: 28/05/2018 13:44
SUBMITTED BY: Lim Po Beng

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	28/05/2018 13:44
Date Of Accident	27/05/2018 17:30
Exact Location Of Accident	JALAN BUKIT MERAH FILTER LEFT TO LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4939R
Insured/Policyholder	
Name Of Registered Owner	LEONG QINGHUA
NRIC No	S8228204A
Email Address	ADI9LEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98429339
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-2.0 I-S (A)

Exact Purpose for which vehicle was being used
at time of accident

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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LEONG QINGHUA
NRIC No	S8228204A
Date Of Birth	23/08/1982
Occupation	INDOOR
Date Of Driving Pass	31/12/2007
Driving Experience	10 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98429339
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	ADI9LEONG@GMAIL.COM
Address	APT BLK 111 BUKIT PERUMEI ROAD #07-196
Postcode	090111
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	COLLISION - HEAD TO REAR
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
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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED DOCUMENTS

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	SLU6558R
Vehicle Make/Model/Colour	HYUNDAI TUCSON
Details Of Properties	
Vehicle Category	PRIVATE CAR

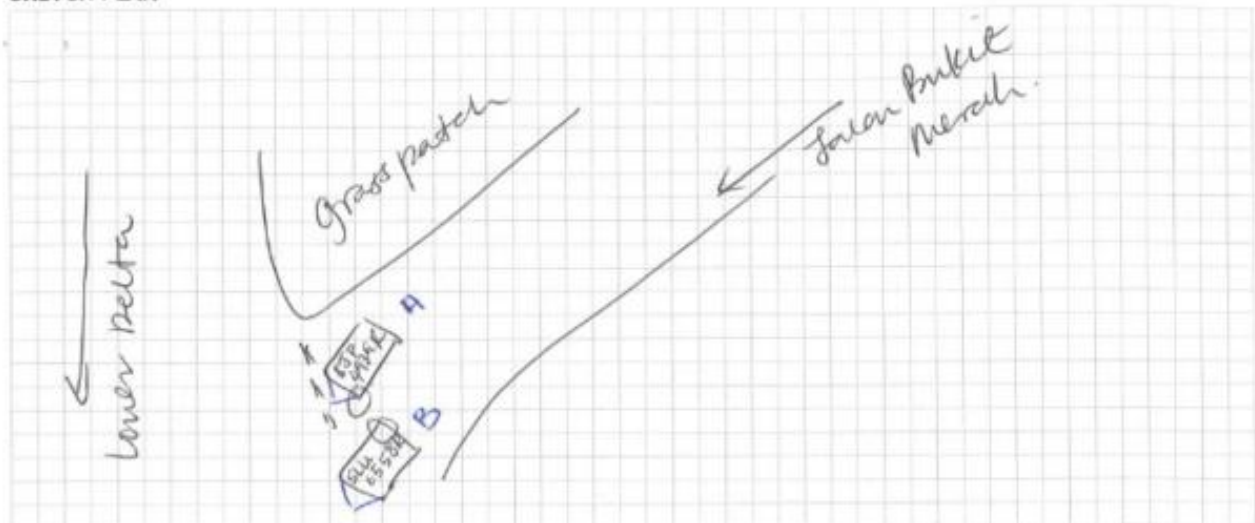
6/5/2018

E-FILE

Name of Driver	EU CHIN HOANG SPENCER
NRIC/Passport Number	S7008678F
Contact Number	81215538
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ia Travelling along Jalan Bukit Merah and the accident occurred at the slip road entering into Lower Delta Road. I was stationary at the broken lines. In my recollection, I was the first car at the slip road. Unknowingly, when I was entering Lower Delta Road, I was checking the traffic on my right, when it was clear, I inched forward. There was no impact on the car which "appeared" before me on my right. I heard cracking sound. We move forward to check the vehicles and exchanged details.

- No injury to persons on both vehicles.

Vehicle A : SJF 4939 R

Vehicle B : SLU 6558 R

DECLARATION

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

Policyholder's Signature

Date & Time: 28/05/2018, 12.38pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/05/2018, 12

Reporting Centre Personnel's Signature

Name: DANIEL JUDE

NRIC/FIN No.: S9001518D

Accident 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.



Policyholder's Signature

Date & Time: 28/05/2018, 12:58pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

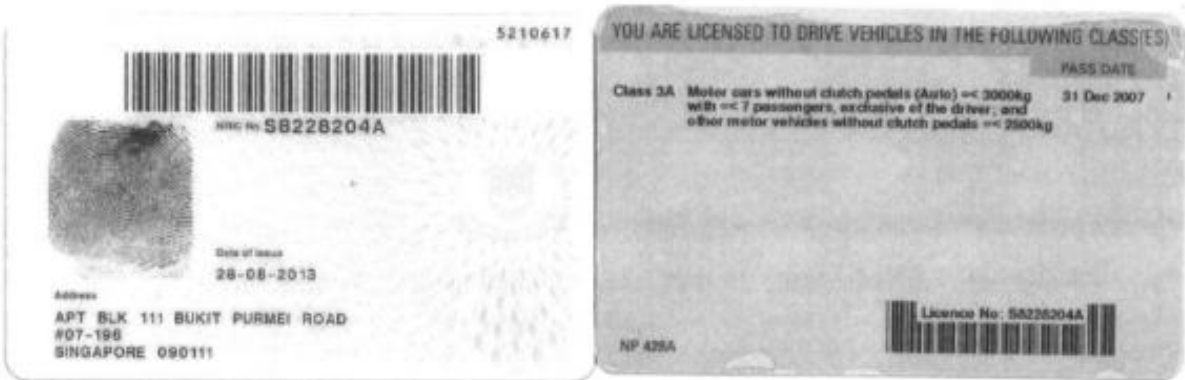


Reporting Centre Personnel's Signature

Name: DANIEL JOOE

NRIC/FIN No.: S9001518D

NRIC AND DRIVING LICENSE OWNER



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



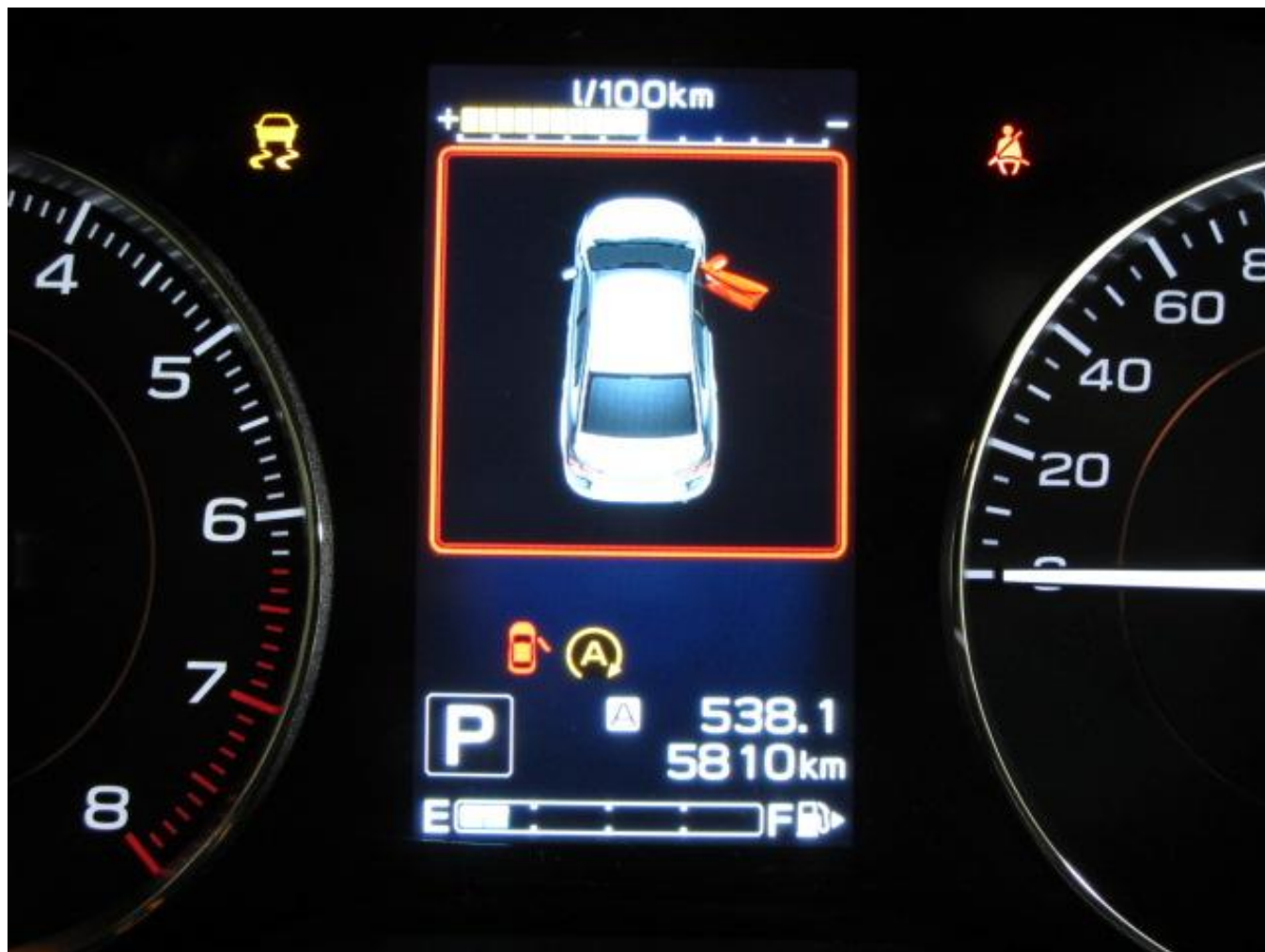
Accident Photo



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