## 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 <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	02/07/2018 13:32
Date Of Accident	30/06/2018 16:55
Exact Location Of Accident	CARPARK 279 @BISHAN STREET 24
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF3422Y
Insured/Policyholder	
Name Of Registered Owner	KOH YEAN LENG CINDY
NRIC No	\$1752779G
Email Address	CINDYKOH@THEWRITESTUFF.COM.SG
Mobile Phone No	(LOCAL) +65-96670802
Alternative Phone No	Others-96670802
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.5L SDN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100479754
Cover Note Number	
Driver	
Name of Driver	KOH SAY CHONG
NRIC No	S1396406H
Date Of Birth	02/07/1959

**INDOOR** 

23/03/1977

41 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96670802

Fax Number

**Contact Number** 

EMail Address SAYCHK@GMAIL.COM

Address 202 PASIR PANJANG ROAD

#02-11

Postcode 118572 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

#### **General Information of the Accident**

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS

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?

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) 2

Passenger 1 Name: : GERALDINE NG

Gender: : Female

#### **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 TO THE ATTACHED SKETCH PLAN.

### 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 EM56L

Vehicle Make/Model/Colour TOYOTA CAMRY

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver OH CHEE THONG

NRIC/Passport Number Contact Number

S1729498I

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 .
  - 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

(200 hrs

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature Name: Otherine CMG

NRIC/FIN NO .: SI449251H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I, THE PRINTED KAY SAY CRONG NRIC SISQUEDELH WAS OPINAL MAZOA SIF 3422Y BELONGING TO CONDY KENY YEARN LENG, MAY SISTEM WHO IS DIEGRAPH STATIONARY MILONGISIE HENDICAPPED LOT AT CP 279 BISHAN SIREET 2LH AS I WAS ATTEMBORNE TO AN URGENT PHONE LABORAGE WHEN DEADLY WERE LABORAGED DEINING GEART TO DO A 3 POINT THAN AFTER DEWING THE PEAR VIEW MIRORAGE, VERICLES WERE MOVING TOTOLOGY AND THE PROVING LABORAGE INTO MAKE THE PROVING PROVING SIRE INTO SOME PROVING FOR MARCHES WERE MOVING TOTAL MERE LOTS TO RICHT OF ENTRANCE - I STATING TO MINNE THE PROVING NEAT THING I KAPEN THERE WAS SOMEPOOR AND THE CARE BEARD THE THE DAY SOMEPOOR AND THE CARE DEVINE CARE MENTERS AND THE PROVING SIRE WAS SOMEPOOR AND THE CARE DEVINE AND THE CARE DEVINE BY ME		(PANDICAPPRO LOI)
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DECLARATION   DEVENTED IN TO THE CARE DRIVEN BY ME		MOVE POPULARO, NEXT THING I KNEW, THERE WAS SOUND OF ANOTHER
DECLARATION		CAR'S MOVEMENT & CAR BHAD COLLIPED IND THE MAZON !
		WAS DRIVING. IT HAD KENTERGED INTO THE CAR DRIVEN BY ME

Policyholder's Signature Date & Time:

GIASMC ShatchPlanEprin\_V3

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name: COHWINE CWIA NRIC/FIN No.: SIH49 751H

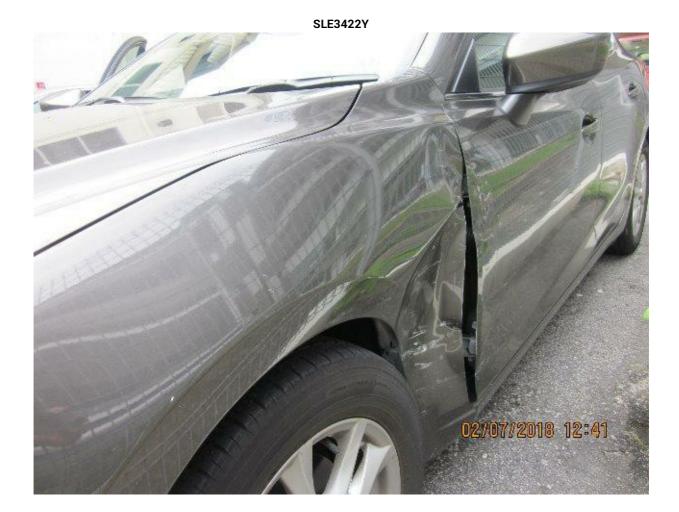
# **Accident Photo**



**Accident Photo** 











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