#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**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 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.
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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	19/07/2018 18:29	
Date Of Accident	18/07/2018 15:50	
Exact Location Of Accident	FILTER LANE TO YIO CHU KANG RD FRM HOUGANG AVE 9	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ7916H	
Insured/Policyholder		
Name Of Registered Owner	HOO SHU YEE	
NRIC No	S0070551I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97561086	
Alternative Phone No	Office-NOPHONE	
Vehicle Particulars		
Manufacturer	SUBARU	
Model	XV-1.6 (A)	
Exact Purpose for which vehicle was being used at time of accident	LEAISURE / PERSONAL	
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	1800056018	
Cover Note Number		
Driver		
Name of Driver	HOO LUM SEM	
NRIC No	S0070551I	
Date Of Birth	17/01/1947	
Occupation	INDOOR	

30/04/1970

48 YEARS AND 2 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97561086

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address BLK 114 SERANGOON NORTH AVE 1 #07-547

Postcode 550114

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT** 

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

NO

1

NO

NO

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)

**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?

**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? YES

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHC2575J

NO

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

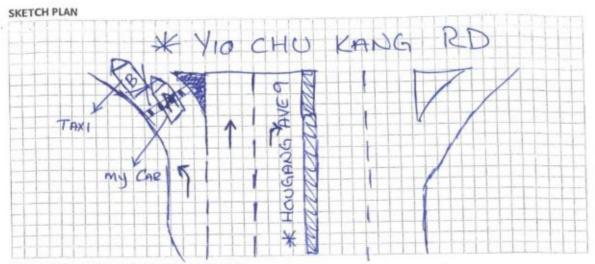
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20 20 20 20 20 20 20 20 20 20 20 20 20 2	
I was driving along Hougang Ave 9 towards the direction	n of Yis
Chy Karo Road on 18th July 2018 around 3.50-4pm. I	was
Signally to make a frost turn into Yio Chu Kang Road	ria the
slip ned. The vehicle in front of me was a taxi, she	C 2572 3
while I storted moving off to make the left turn in the	filter lone
Vehicle B suddenly stopped without any reason as per my	video,
It can be seen that there are no approaching vehicles on	Yib Chu
Kore Road (majos need). I tried to stop in time, how	ever I Could
react in time to stop my vehicle as the vehicle is did no	t move
off even though the road traffic was clear.	
Vehirle A : SLZ1916H	
vehicle B SHOSTS J	
	0
DECLARATION	
/We declare the foregoing particulars are true in every respect.	

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

SIARMC SketchPlanForm\_V3

Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN No.: \$9001518D

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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,

(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: DANIEL JUDE

NRIC/FIN No.: 8900151 810



胡南生

CHINESE
THE OFFICE SHEET
17-01-1947 M
County of the
SINGAPORE







