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.
- 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	23/03/2018 15:48
Date Of Accident	23/03/2018 08:30
Exact Location Of Accident	STILL ROAD SOUTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM6442U
Insured/Policyholder	
Name Of Registered Owner	SEAH PONG SAI
NRIC No	S0195210B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97385223
Alternative Phone No	Office-97385223
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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?	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	2100368809-04
Cover Note Number	
Driver	
Name of Driver	SEAH PONG SAI
NRIC No	S0195210B
Date Of Birth	19/10/1948
Occupation	INDOOR

17/07/1973

44 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97385223

Fax Number

Contact Number OFFICE-97385223

EMail Address NOEMAIL

Address BLK 145 BEDOK RESERVOIR ROAD #12-1625

Postcode 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

3

NO

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : CHEE SEOK CHANG Name:

> Gender: : Female

Passenger 2 : SEAH JING FEN Name:

> 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?

Circumstances of Accident

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

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 SLB590K

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR 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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- 7. By the ladgment 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:

- 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)
 - (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' Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

B A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ONTO VEHICLE AND DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signa Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

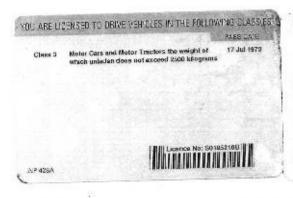
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Driving License











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Seeh Pong Sai Period of Insurance : 26 Mer 2018 To 25 Mer 2019 Engine No. : 1ZRX400500

Engine No. Chassis No.

: 1ZHX400000 : MR058REH104002140

Vehicle No.

: SKM8442U

Policy No.

: 2100368809-04

Endorsement No.

Issued Date

: 05 Mar 2018

ABOUT THE COVER

Make/Model

TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,596.00 CC Odver Restriction -

NA.

Som Insured : Market Value Off Peak Car : No

Plist Yoar of Registration : 2014

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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Age Condition

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Limitation as to use*

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Section 2 Property Damage - \$5

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AID ASIA PACIFIC INSURANCE FU

78 SESTION WAY \$37-18 AIG BUILDING

SINGIAPORE 079129

Underwritten by AIG Asia Pacific Insurance Pie. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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Accident Photo



Accident Photo



Accident Photo







