

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	23/07/2018 15:20
Date Of Accident	23/07/2018 09:00
Exact Location Of Accident	53 UBI AVE 3 ENTRANCE TO PARKING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN6463D
Insured/Policyholder	
Name Of Registered Owner	KIM CHOO HAN
Passport No/FIN	G3036977M
Email Address	HANTEK2020@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97377958
Alternative Phone No	Office-62092169

Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8T FSI MU 8K203
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	2100381999-04
Cover Note Number	

Driver	
Name of Driver	KIM CHOO HAN
Passport No/FIN	G3036977M
Date Of Birth	19/06/1965
Occupation	INDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	3 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97377958
Fax Number	
Contact Number	OFFICE-62092169
E-Mail Address	HANTEK2020@GMAIL.COM
Address	5B BALMORAL PARK, #06-05, SOLITAIRE,
Postcode	259830
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 - MAJOR/MINOR RD
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?	
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

I WAS APPROACHING THE PARKING LOT ENTRANCE WITH LEFT TURN SIGNAL AT LEAST 10 SECONDS BEFORE. SINCE THERE WAS A CAR EXITING PARKING LOT, I HAD TO SLOW DOWN WITH LEFT TURN SIGNAL. SINCE THERE WERE PARKED CARS NEAR ENTRANCE OF THE PARKING LOT, I WAS GIVING SIGNAL AND SLOWING DOWN. I DID NOT EXPECT A CAR WOULD TRY TO PASS ME.

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	SLU4498T
Vehicle Make/Model/Colour	HONDA / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAN HENG SUI

NRIC/Passport Number	S9004623C
Contact Number	86084719
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

[Signature] July 23rd 2018

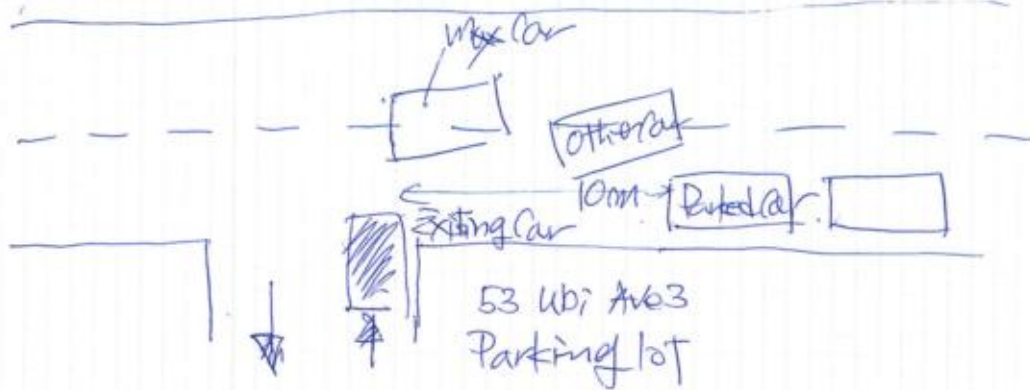
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: *WONG KATONG SENG, GUYA*
NRIC/FIN No.: *G22871434*



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching parking lot entrance with left turn signal at least 10 sec before. Since there was a car exiting parking lot, I had to slow down with left turn signal. Since there ~~was~~ were parked cars near entrance the parking lot & I was giving signal & slow down, I did not expect a car would ^{try} to pass me.

DECLARATION

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

[Signature] 1 July 2018

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name: *WONG KONG SENG, GUY*

NRIC/FIN No.: *G2227143X*



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

