### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**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 <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 aforesaid

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/07/2018 13:23
Date Of Accident	24/07/2018 10:15
Exact Location Of Accident	ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU569K
Insured/Policyholder	
Name Of Registered Owner	LENY WIDJAJA
NRIC No	S7778410A
Email Address	WIDJAJALENY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91390571
Alternative Phone No	Others-91390571
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 (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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100472958
Cover Note Number	
Driver	
Name of Driver	LENY WIDJAJA
NRIC No	S7778410A
Date Of Birth	09/04/1977

**INDOOR** 

12/12/2001

16 YEARS AND 7 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-91390571

Fax Number

**Contact Number** OTHERS-91390571

**EMail Address** WIDJAJALENY@GMAIL.COM

11 FLORA ROAD #05-09 Address

**SINGAPORE** 

Postcode 509732 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

NO

NO

1

NO

NO

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

Type Of Accident **CHAIN COLLISION** 

**Weather Conditions CLEAR Road Surface** DRY

### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

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)

**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**

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGA9345H

Vehicle Make/Model/Colour

**Details Of Properties** 

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC8275K

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)

### **DETAILS OF INJURED PERSON 1**

Name **LENY WIDJAJA** 

Approximate Age Injuries Sustain

Injured person in which vehicle? SKU569K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### Sketch Plan

### SKETCH PLAN

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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 invoive 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

Bate & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN Vehicle No. A-SKUS69 K B-SGA 9745 H C-SHC8275K A B Legend Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ZLAKE IT CAUSED TAXIC THERE WAS A TAXI DID EMERGENCY EMERGENCY BRAKE AS BLAKE ASNELL. 1 DID DID EMERGENCY · 15. VELL BUT CAR BANGED INTO MY CAR MAD CAUSED SAND WICHED IN BETWEEN. ME DECLARATION I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time from the date of occurrence. Kindly check your policy for more details.

**DRIVER NRIC & LICENSE** 

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm\_V3

Reporting Centre Personnel's Signature

MANGE

2

Name:

NRIC/FIN No.:

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7778410A



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LENY WIDJAJA

Race CHINESE Date of birth Sec 09-04-1977 F Country of birth INDONESIA

97778410A





1) FLORA ROAD #05-09 SINGAPORE 509732

NRIC No: \$7778410A Date: 16/11/2010

No: 6546392

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram. NP 428A































