Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/07/2018 15:46

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.	nt to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	31/07/2018 15:32			
Date Of Accident	28/07/2018 13:30			
Exact Location Of Accident	CLEMENTI WEST ST 2 CARPARK			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBE5612B			
Insured/Policyholder				
Name Of Registered Owner	SATOYU TRADING PTE LTD			
Co Reg No	198103101R			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	Office-NOPHONE			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	HIACE 1 TON			
Exact Purpose for which vehicle was being used at time of accident	DELIVERY			
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	GOODS VEHICLE			
Insurance Company				
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	2100447993			
Cover Note Number				
Driver				
Name of Driver	HO WEI CHING			
Passport No/FIN	G2787653L			
Date Of Birth	29/06/1985			
Occupation	OUTDOOR			
Date Of Driving Pass	18/05/2017			

1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81335060

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 24 PASIR PANJANG WHOLESALE CENTRE #01-187/188

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

meie

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

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) 1

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 ATTACHMENT COLLISION-CAR WAS PARKED & WENT FOR DELIVERY,TP CLAIMED THAT INSURED VAN MOVED & CRASH TO HIS VEHICLE.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Details of Witness 1

Name HO WEI CHING
Phone Number 81335040

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC6677L

Vehicle Make/Model/Colour MERCEDES BENZ C180/WHITE

Details Of Properties PRIVATE CAR

Name of Driver BEN HUA
NRIC/Passport Number S8471626Z
Contact Number 85517551

Contact Number Address

Insurance Company Name

Postcode

Nature Of Damage FRONT BUMPER

No. Of Passenger (Including Driver)

Sketch Plan

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

Policyholder's Signature Date & Time:

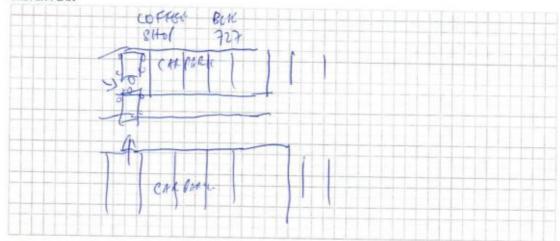
Driver's Signature (If driver is not the policyholder)

Date & Time: 31 07/18 9.5000

Reporting Centre Personnel's Signature Name: None lok Kront

NRIC/FIN No .: C(+739 25/

110				
CI	VE.	TO	 20.	ΔN
-31	N.E.			



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

a la d
ON THE 28" OF July AT 13.30 pm 1 1to WET CHANG DRIVENGE
my Congrey Van GBE 56128 To CLEMENTI STROET 2 FOOD
MARKET To DELIVERY . I PARKED AT CARPACK (INFRING OF SUI 727)
AT SHOW SKETCH ASONE.
WHEN I RETURN FROM DELIVERY I FOUND MY
WHEN I RETURN FROM DECLUSERY I FOUND MY VAN WAS CRASH TO A MECERSE SENZ. C180 SKC (6)71. THE
OWNER CLAIM TIMOT MY WON JUN MOUTE and CRAY TO HE
Velycol.

DECLARATION

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

Policyholder's Signature Date & Time:

STARME STATEMENT OF VA

Driver's Signatu (If driver is not the Date & Time: 3

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

















Driving License





Driving License







Accident Photo









Accident Photo

