SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/08/2018 13:17
Date Of Accident	07/08/2018 09:20
Exact Location Of Accident	JUNCTION OF SIGLAP RD & UPPER EAST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB1057B
Insured/Policyholder	
Name Of Registered Owner	LILIAN GUI LEOW PHENG
NRIC No	S0010430B
Email Address	DIANELEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91456758
Alternative Phone No	OTHERS-91456758
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (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	2100410336-03
Cover Note Number	22/04/2018 - 21/04/2019
Driver	
Name of Driver	LILIAN GUI LEOW PHENG
NRIC No	S0010430B
Date Of Birth	02/11/1954
Occupation	INDOOR
Date Of Driving Pass	19/10/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91456758
Fax Number	

OTHERS-91456758

DIANELEK@GMAIL.COM

Address 71 JALAN TUA KONG #05-01

Postcode S457265

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 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

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? NO

If Yes, against whom?

Circumstances of Accident

Refer to attached sketch plan

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGG7949Y

Vehicle Make/Model/Colour HYUNDAI BLUE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MR SUMIT

NRIC/Passport Number

Contact Number 83392496

Address Postcode

Insurance Company Name FWD SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC7756Z

Vehicle Make/Model/Colour TOYOTA

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)

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Reporting Only You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) Claim TP DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame Claim OD/ TP at other workshop from the day of the occurrence.

DECLARATION

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

Policyholder's signature Date & Time

7 Ang 2018 12:10 pm

Driver's Signature (if driver not the policyholder) Date & Time

Name: Nric/Fin No.

Reporting Centre Personnel's Signature

Page 4 of 32

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 7. 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:
 - (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's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Litter Guitzow Shang

1. 22 Apr 2010 To 21 Apr 2018

Valueta No. Policy No. : 9281007B

Period of Insurance

H-FBA2122773A

Endorsement No.

#2100M1035F-00

Engine No. Chaosais No.

housed Date : 81MPEAUTIU1923307

: 20 Mar 2018

ABOUT THE COVER

Make/Model

: NISSAN CASHOAI 1.2 DIG-TURBO

Engine Capacity/Tormage : 1,197.00 CC

Sum Insured : Market Value

First Year of Registration 1: 2015.

Driver Restriction

- MA

Off Fear Car il No

Insuring with COEPARE 11 Year

Person of Classes of Persons Emitted to Drive" :

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APPROVED REPORTING CENTRUS/AUTHORISHO REPAIRERS (FOR CLAIMS RELATED REPAIRS)

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Underwritten by ALC Asia Facility insurance Ptd. U.O.

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AIG Asia Pacific Insurance Ptc. Ltd. AUTHORISM REPRESENTATIVE

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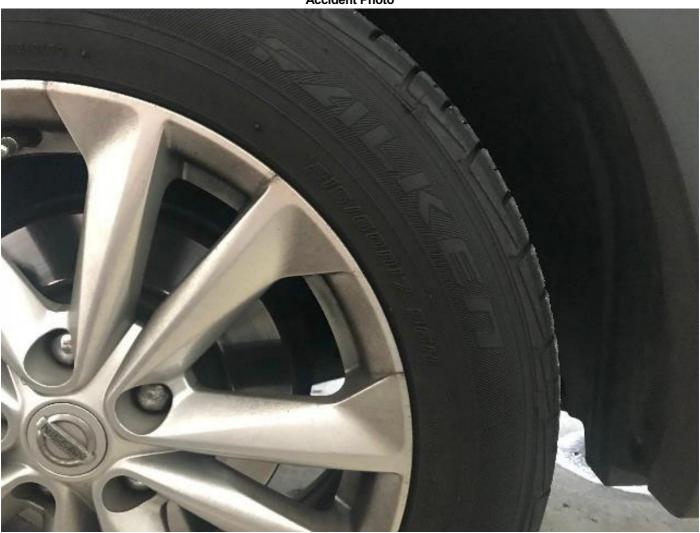




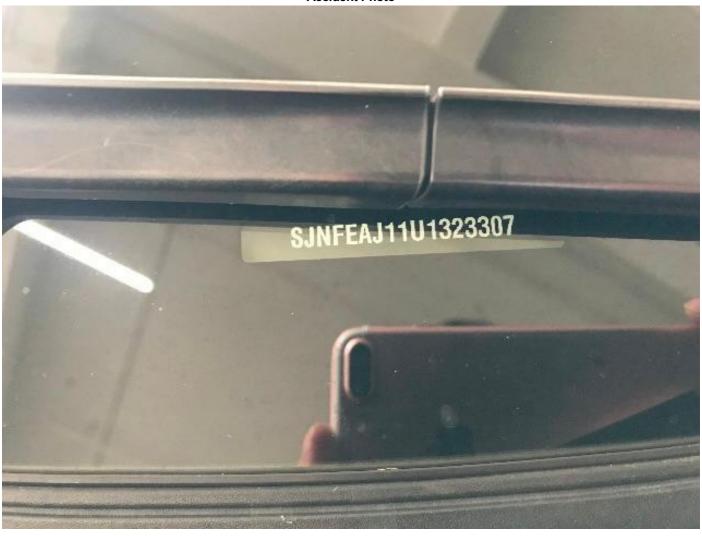
























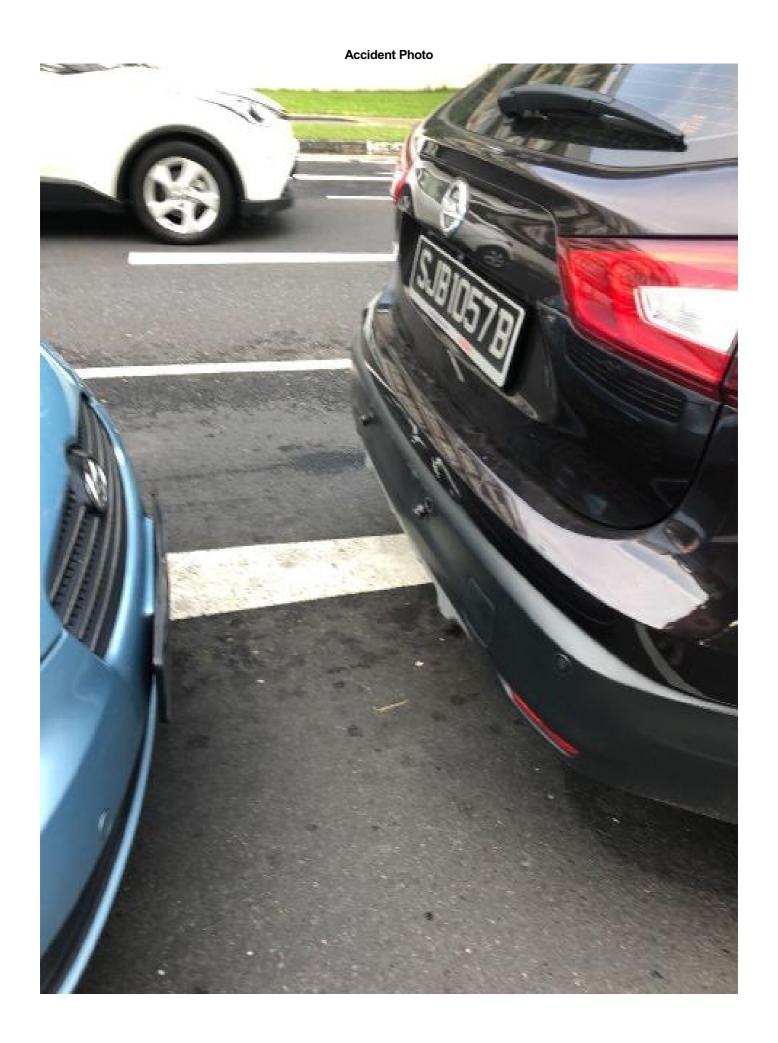






















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submitthe completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THEAMENDMENTS: Vehicle Registration No: SJB1057B Original Report No : MTLK18101988 Name(as shown in NRIC): LILIAN GUI LEOW PHENG NRIC/FIN/Passport No: S0010430B (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 71 JALAN TUA KONG #05-01 Singapore(457265) Address Contact (Tel) Mobile No.: 91456758 **Email Address** : DIANELEK@GMAIL.COM Date of Accident : 07/08/2018 Time of Accident: 09:20 Place of Accident : JUNCTION OF SIGLAP RD & UPPER EAST COAST RD Insurance Company: _ AIG ASIA PACIFIC INSURANCE PTE. LTD. (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend GIA report from reporting only to claiming 3rd party

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:

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