

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	16/08/2018 18:37
Date Of Accident	16/08/2018 07:50
Exact Location Of Accident	GEYLANG EAST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5962R
Insured/Policyholder	
Name Of Registered Owner	SOH CHYE SENG
NRIC No	S1788767Z
Email Address	YONGWAHRADIO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91278571
Alternative Phone No	OTHERS-91278571

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070177566-03
Cover Note Number	25/02/2018 TO 24/02/2019

Driver

Name of Driver	SOH CHYE SENG
NRIC No	S1788767Z
Date Of Birth	04/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91278571
Fax Number	
Contact Number	OTHERS-91278571
Email Address	YONGWAHRADIO@GMAIL.COM

Address	3 RIVERVALE LINK #07-20
Postcode	545119
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

On 16/08/2018 at about 0750hrs, I was driving my vehicle (A: SKR5962R) along Geylang East Avenue 1 towards Sims Avenue. Upon reaching the carpark exit of Block 133, suddenly I felt an impact from my vehicle's left rear portion and realized that vehicle (B: SJS6791S) which was drive out from carpark exit at block 133 and hit onto my vehicle's left rear portion. After the accident, I stopped my vehicle and intend to look for the said driver but he did not stop and drove off. I immediately make a three point turn and chases. I stopped the said driver at the road junction (Geylang East Central) and he alighted, I request his particular but he claimed he did not bring it, so I called the police to attend. Nobody was injured in this accident. Both vehicles have no passenger on board.

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	SJS6791S
Vehicle Make/Model/Colour	TOYOTA ALTIS, GREY COLOUR
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	EE CHEONG TENG STEPHEN
NRIC/Passport Number	S0479634I
Contact Number	9736 3096
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage
No. Of Passenger (Including Driver)

FRONT PORTION
1

SKETCH PLAN

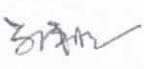
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

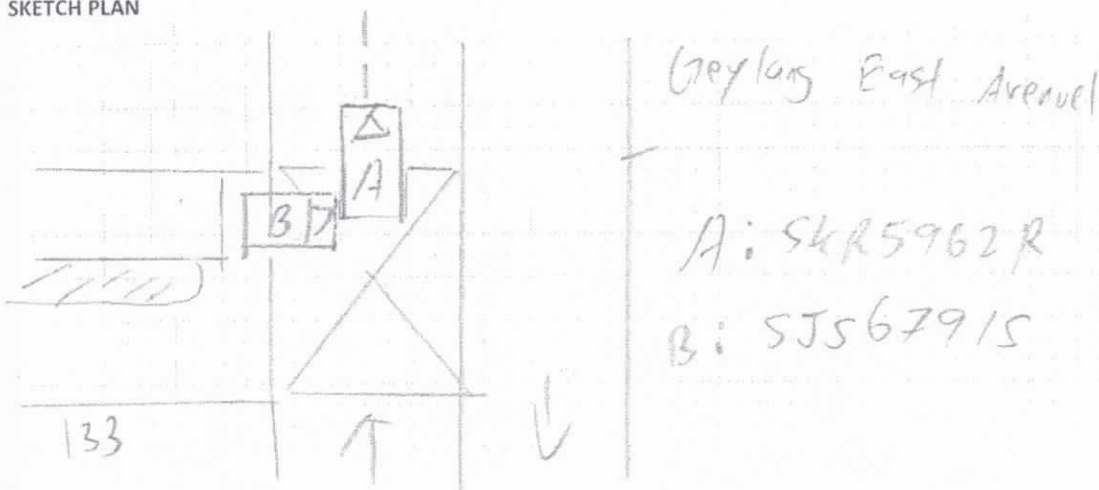

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/08/2018 01:00h


Reporting Centre Personnel's Signature
Name: Lam Wei Shun
NRIC/FIN No.: 60864052K

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to G/A report

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/06/18 01:00h

Reporting Centre Personnel's Signature

Name: Lam Wei Sheng

NRIC/FIN No.: 06864052K