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 <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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	29/08/2018 14:42
Date Of Accident	29/08/2018 09:10
Exact Location Of Accident	51 SCOTTS ROAD PRUDENTIAL @ SCOTTS S228241 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1392E
Insured/Policyholder	
Name Of Registered Owner	WEE QUI-CHENG, PERLITA
NRIC No	S7721461E
Email Address	PERLITAWEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93367664
Alternative Phone No	OTHERS-93367664
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFS
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100510363-01
Cover Note Number	
Driver	
Name of Driver	TEO CINIZIANI ANDVILUZE

Name of Driver TEO SIN KUAN, ANDY LUKE

 NRIC No
 \$7336065Z

 Date Of Birth
 05/10/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 20/05/1997

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93870777

Fax Number
Contact Number

EMail Address ANDYLUKETEO@YAHOO.COM.SG

Address 92 HILLVIEW AVENUE,

#03-01, HILLBROOKS,

Postcode 669592

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own -

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

NO

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?

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) 0

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

I PARKED MY CAR, SLQ1392E, AT MY OFFICE CAR PARK. WHEN I RETURNED TO MY CAR AT 9.07 AM, I WITNESSED VEHICLE SLE5305U, REVERSING HIS VEHICLE AND BANGED ONTO MY VEHICLE. THE IMPACT OF COLLISION WAS ON ITS FRONT (OF SLQ1392E). DURING THE TIME OF ACCIDENT (COLLISION), MY VEHICLE WAS "STATIONARY". WE EXCHANGED MY PERSONAL PARTICULARS /CONTACTS AND I DROVE TO AUDI (UBI) AND FILED THIS REPORT AFTER INSPECTION WAS MADE BY CLAIMS OFFICER, TONY FOONG. * PRELIMINARY ASSESSMENT (BY VISUAL ONLY): THE FRONT GRILLE WAS DAMAGED, THE NO PLATE WAS AFFECTED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE5305U
Vehicle Make/Model/Colour MAZDA 5

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG PIT ZHEN
NRIC/Passport Number S8338407G
Contact Number 84999896

Address

Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. 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)
 - 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

Date & Time: 28/04/18 :

(If driver is not the policyholder)

Name: Tony Form

NRIC/FIN No.:

67010197X

Reporting Centre Personnel's Signature

Peverse.	
	A= SL & 1392
parked D	B= SLE 5305
TAI	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	19.000001
1 parked my car, s	SLE 1392E, at my office car part.
@ When I returned to m	y car of 9:07 am, I intremed vehicle,
SLE 5305 U reversing	his vehicle and banged onto my vehicle.
(3) The impact of will	ision was on its front (of SLA 1392E).
1 During the time of.	accident (collision), my vehicle was
oraponary.	
3) We exchanged my pe	isonal participas / Contacts and I done to
Andi (UBI) and	Aled this report after inspection was made
by Claim Officer,	Tony Foong.
0	
* Actionsony Assessment (by visual only):
- The front grille was	damased
- The no plate was	

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: 28/08/18;

10:50am.

Reporting Centre Personnel's Signature
Name: Tory Foog
NRIC/FIN No.: Governant

















