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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	01/10/2018 17:46		
Date Of Accident	28/09/2018 02:15		
Exact Location Of Accident	WOODLANDS CHECKPOINT		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLH4964H		
Insured/Policyholder			
Name Of Registered Owner	TAN BOON TIN		
NRIC No	S1721833F		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97947902		
Alternative Phone No	OTHERS-97947902		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	QASHQAI-1.2 DIG-T (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	2100489172-01		
Cover Note Number			
Driver			

Name of Driver LEE WEI GUANG, JOHN

NRIC No S9106170H

Date Of Birth 20/02/1991

Occupation INDOOR

Date Of Driving Pass 05/08/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97947902

Fax Number

Contact Number OTHERS-97947902

EMail Address NOEMAIL

24 CANBERRA DRIVE Address

#16-09

Postcode 768427

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS T/P REVERSE AND HIT INSURED)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SGD738B Vehicle Registration Number

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)

Sketch Plan

SKETCH PLAN

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- 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.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnell's Signature
Name:
NRIC/FIN No.:

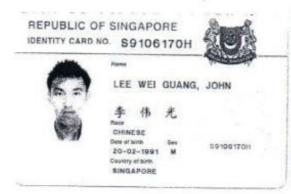
Page 3 of 13

Policyholder's Signature

Date & Time:

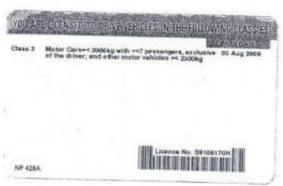
KETCH PLAN		
	Woodlands checkpoint	
1811	Vehicle A: SLH 4964H	
!	u vehicle 8: 540 738 18	
A PATURAGE		
ESCRIBE CIRCOMSTARCES	JOP THE ACCIDENT	
On the stated	I date and time, I vehicle A was stationar	у.
Suddenly Vehic	cle is reversed and hit onto my stationary	
,		- 11
Valsale C L	* I:-	
Vehicle front	partion.	
ECLARATION		
	rticulars are true in every respect.	1965
	4	10
	the an ortholas	10
olicyholder's Signature	Driver's Signature Beporting Centre Personnel's Sign	ature /
Date & Time:	(If driver is not the policyholder) Name: Name:	Moto

Sketch Plan #3























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: 3665360200 / GST Rep. No.: M40001735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration N (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No. : Emall Address Date of Accident Place of Accident Insurance Company: (8) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 28/09 DATIK OF ACCIDENT Reporting Cent Policyholder / Driver's Signature Name: Date: NRIC/FIN

Date: