

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 liability.
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 | 28/02/2019 13:42 |
| Date Of Accident | 24/10/2018 06:45 |
| Exact Location Of Accident | ALONG TAMPINES STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EV8182E |
| Insured/Policyholder | |
| Name Of Registered Owner | HAN YANLING, LINDY |
| NRIC No | S8809049G |
| Email Address | LINDYHAN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98170471 |
| Alternative Phone No | Office-98170471 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MINI |
| Model | ONE-1.5 LED (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 | REPORTING ONLY |
| 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 | 1800086383 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HAN YANLING, LINDY |
| NRIC No | S8809049G |
| Date Of Birth | 14/03/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/03/2008 |
| Driving Experience | 10 YEARS AND 7 MONTHS |

| | |
|---|---|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98170471 |
| Fax Number | |
| Contact Number | OFFICE-98170471 |
| E-Mail Address | LINDYHAN@GMAIL.COM |
| Address | BLK 662 CHOA CHU KANG CRESCENT #08-271 |
| Postcode | 680662 |
| 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 - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 | SHD688A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | NG NGIAN WAI |
| NRIC/Passport Number | S7238408C |

Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

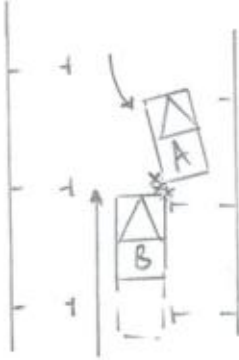


- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 items 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 situated 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.:

SKETCH PLAN

| | |
|---|---|
|  | <p>Vehicle</p> <p>A - EV 8182E</p> <p>B - SHD 688A</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Vehicle</p> </div> <div style="text-align: center;">  <p>Motorcycle</p> </div> </div> |
|---|---|

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am A.

The other person is B.

I was preparing to park (parallel).

Hazard lights were switched on.

The taxi was supposed to stop and wait until I was entirely into the parking space.

But it tried to squeeze past.

And hit me from the back.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

DRIVER IC/DL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8809049G**

Name: **HAN YANLING, LINDY**

Birth Date: **14 Mar 1988**
Issue Date: **11 Mar 2008**

001579687A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8809049G

Name: **HAN YANLING, LINDY**

韓燕玲

Race: **CHINESE**

Date of birth: **14-03-1988**

Sex: **F**

Country/Place of birth: **SINGAPORE**

5419586

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE: **11 Mar 2008**

Licence No: **S8809049G**

NP 428A

5419586

S8809049G

Date of issue: **02-02-2015**

Address: **APT BLK 662 CHOA CHU KANG CRESCENT
#08-271
SINGAPORE 680662**

Accident Photo



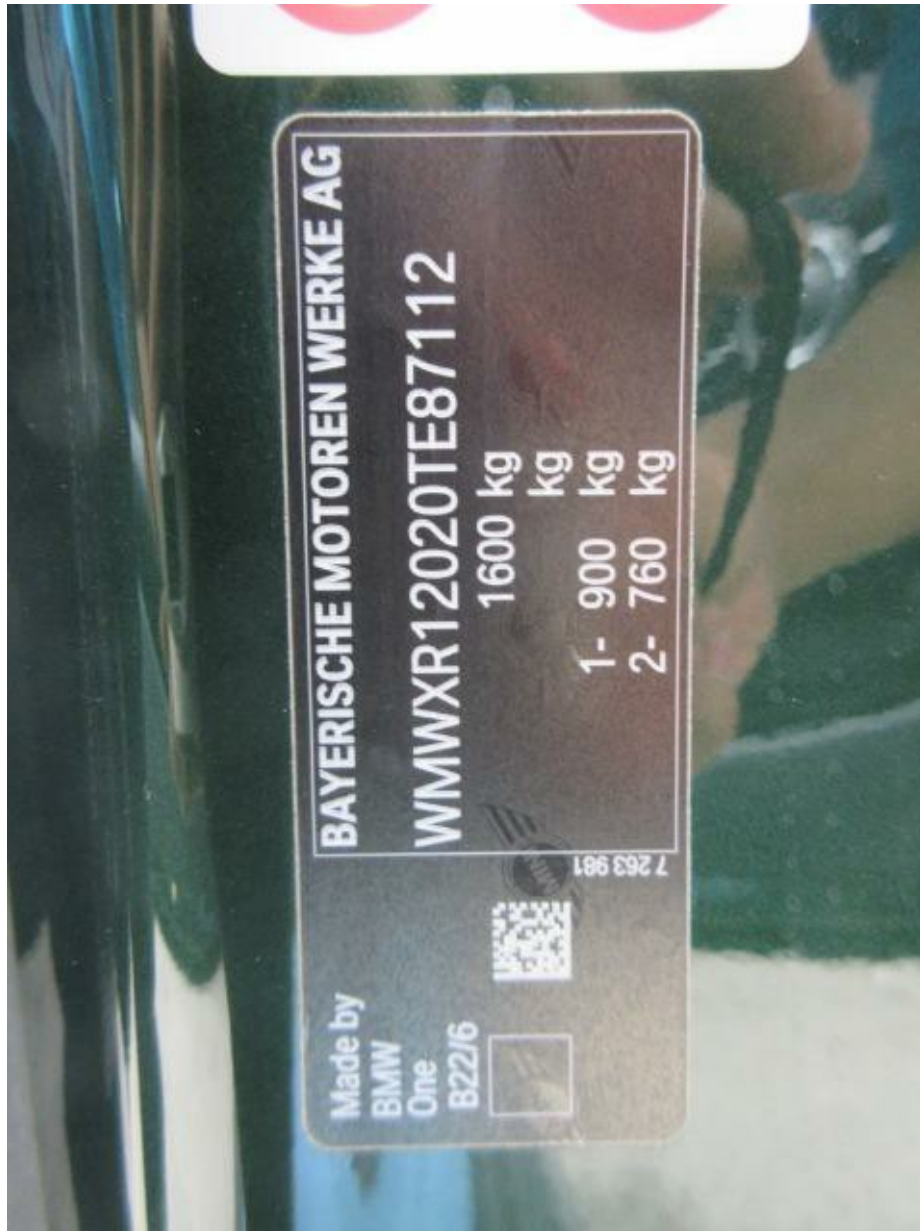
Accident Photo



Accident Photo



Accident Photo



Accident Photo

