SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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.
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PRIVATE CAR PRIVA	Are you claiming under your own insurance policy for repair to your vehicle?	YES
Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number 1800076208 Cover Note Number Driver Name of Driver SHAHIN KHAIL BIN ROHAIZAN NRIC No S8538667J	If No, Please state action to be taken	
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Policy Number 1800076208 Cover Note Number Driver Name of Driver SHAHIN KHAIL BIN ROHAIZAN NRIC No S8538667J	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver SHAHIN KHAIL BIN ROHAIZAN S8538667J	Fleet Policy	NO
Driver Name of Driver SHAHIN KHAIL BIN ROHAIZAN NRIC No S8538667J	Policy Number	1800076208
Name of Driver SHAHIN KHAIL BIN ROHAIZAN NRIC No S8538667J	Cover Note Number	
NRIC No S8538667J	Driver	
	Name of Driver	SHAHIN KHAIL BIN ROHAIZAN
Date Of Birth 30/11/1985	NRIC No	S8538667J
	Date Of Birth	30/11/1985

INDOOR

29/11/2005

12 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-91352707

Fax Number

Contact Number

EMail Address NOEMAIL

97 THOMSON RIDGE Address

Postcode 574679 Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

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 involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

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) 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?

Circumstances of Accident

REFER ATTACH

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 SHB5323E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

Name of Driver WONG KHENG HOW

NRIC/Passport Number S1206199D Contact Number 97399156

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - (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:

20/10/18 10:55 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20-10-18

10 stain

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	Polutina	1	= SCW8920K
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	BIK 573 Ang Me to Ave 3
	# 00 - 2200
	#09-3309
	#09-3309 SINGARDE 560573

DECLARATION

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

Policyholder's Signature
Date & Time:

24/10/18
10-55-4*

Driver's Signature (If driver is not the policyholder) Date & Time: 29.10-18

10.55 am

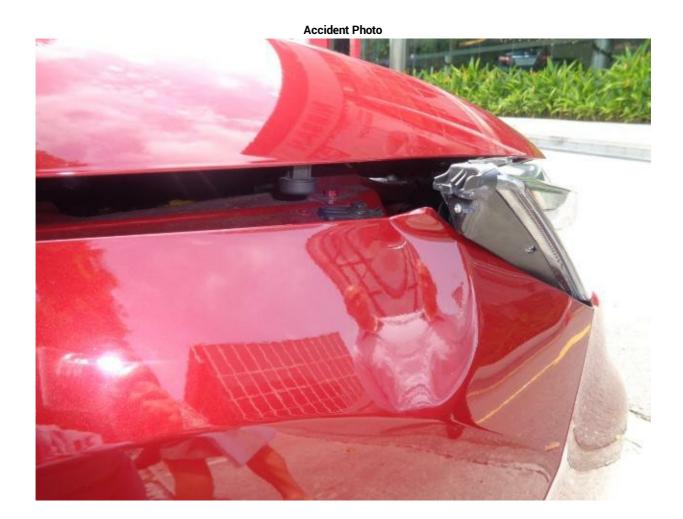
Reporting Centre Pers nel's Signature

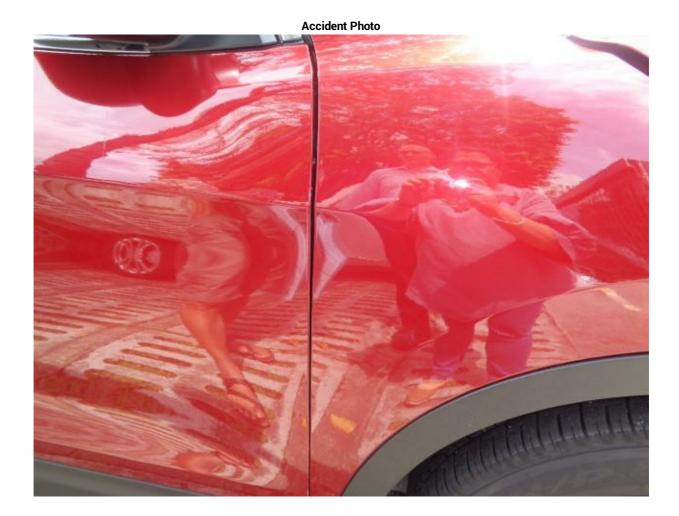
Name: NRIC/FIN No.:

Accident Photo









Accident Photo



Accident Photo

