## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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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'. By the lodgement of this report to the insurers, you hereby conse iforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/11/2018 18:06
Date Of Accident	14/11/2018 10:00
Exact Location Of Accident	LORNIE HIGHWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB177X
Insured/Policyholder	
Name Of Registered Owner	BOH TZE YIN CHARLENE
NRIC No	S7700521H
Email Address	CHARLENE.BOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97677792
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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	2100452995
Cover Note Number	
Driver	
Name of Driver	BOH TZE YIN CHARLENE
NRIC No	S7700521H
Date Of Birth	14/01/1977

**INDOOR** 

28/06/1997

21 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97677792

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address CHARLENE.BOH@GMAIL.COM

Address APT BLK 829 YISHUN STREET 81 #07-508

Postcode 760829
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 -

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## **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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1 Name: : CALEB YUEN WEI BO

Gender: : Male

## **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**

#### PLEASE REFER TO THE ATTACHED DOCUMENTS

## 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 SJT2348K

Vehicle Make/Model/Colour HONDA AIRWAVE

Details Of Properties REAR PORTION

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

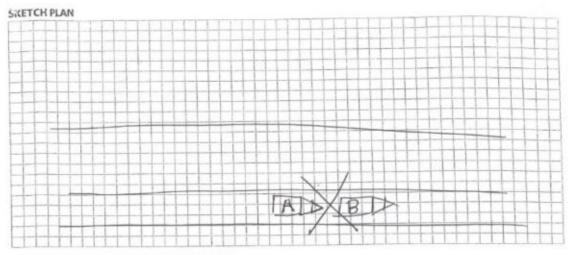
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Accident Sketch Plan**



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 November 10 am, I was driving along Lornie
lighway to work. The car was traveling out a moderate
speed when there was a sudden built-up of cars before me
did not manage to brake in time and knocked into
he book of the silver/aren Honda Airwave. The female
the back of the silver/grey Honda Airwave. The female driver of the Honda and I exchanged telephone details and
took photos a the damages promphainment others cars. She
confirmed that there were no injuries before me parted ne
VEH A: SLB177X
VEH B! SJT 2348K
Λ
ECLAPATION //

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

Policyholder's Signature

Date & Time: 14/11/2018 13:56 hrs GIARRIC StatchPlanForm\_V3

Driver's Signature

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN No.: \$9001518D,

### SKETCH PLAN

#### IMPORTANT NOTICE

- Piease report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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. 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.
- 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)
  - (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
- (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.
- 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

Date & Time: 14/11/2018

13:56 hrs

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

DANIEL JUDE NRIC/FIN NO.: STOOISI8D

GIARMC SketchPlanForm\_V3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7700521H



BOH TZE YIN CHARLENE



CHINESE Deliv of birth 14-D1-1977

SINGAPORE



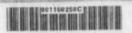
# REPUBLIC OF SINGAPORE DRIVING LICENCE



S7700521H

BOH TZE YIN CHARLENE (MO ZHIYUN CHARLENE)

Brm Cose. 14 Jan 1977 De 11 Mar 2004



wee to 87700521H



03-10-2009

APT BLK 829 Y.SHUN STREET 81 #07 - 508 SINGAPORE 760829 NRIIC No. S7700521H Date: 21/03/

Date: 21/03/2012 No: 6991911

4471161 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

25 Jun 1997































