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 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

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		ACCIDENT STATEMENT
	Date Of Report	21/11/2018 10:14
	Date Of Accident	18/11/2018 16:55
	Exact Location Of Accident	JUNCTION UPPER THOMSON ROAD AND SLE FLYOVER
	Country/State of Loss	SINGAPORE
	D	DETAILS OF OWN VEHICLE
	Vehicle Registration Number	SDG6886L
	Insured/Policyholder	
	Name Of Registered Owner	CHNG KUAN WEE
	NRIC No	S7117160D
	Email Address	ANDREW@ETERNALPETAL.COM
	Mobile Phone No	(LOCAL) +65-96871598
	Alternative Phone No	OTHERS-96871598
	Vehicle Particulars	
	Manufacturer	BMW
	Model	5231
	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	2100368163-04
	Cover Note Number	
	Driver	
	Name of Driver	CHNG KIIAN WEE

Name of Driver CHNG KUAN WEE

 NRIC No
 S7117160D

 Date Of Birth
 26/05/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 01/04/1989

Driving Experience 29 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96871598

Fax Number

Contact Number OTHERS-96871598

EMail Address ANDREW@ETERNALPETAL.COM

33 BRIGHTON CRESCENT Address

Postcode 559183

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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

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 SKETCH AND ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH4258L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver MS LU QIULING NRIC/Passport Number S8371949D 87293628 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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

ate & Time:

17:05

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	appul ryomson	ROAD.	
) SOG 68862) SJH 4258 L	• • • • • • • • • • • • • • • • • • •		
PESCRIBE CIRCUMSTANCES	BATOO	Y	
		Der Alberton J	
	Q _D	D.	
DECLARATION			
We declare the foregoing partic	ulars are true in every respect. Driver's Signature	Reporting Centre Personnel's Signat	

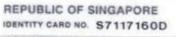
ATTACHMENT

an the 18th Now at 4.55 pm. SJH 4258L down by Lu Qualing, St371969D had collided ento SGD 68th L, oriver by Chry Knan Wee, S7117160D Ms Lin agreed that the dimages hiered will i howne by her for this accident. This accident hoppened along upper thomson Road at the Justice StE birdge.

The first accident hoppened along upper thomson Road at the Justice StE birdge.

The Quality Chykum wee Track Tong Wai Yung 58371949D 57117160D Witness Witness

Repl. WordApp







CHNG KUAN WEE

Date of Siete. 26-05-1971 Country of Siete SINGAPORE







