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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/11/2018 10:06
Date Of Accident	21/11/2018 18:15
Exact Location Of Accident	TPE (SLE) OPP HDB BLK 126 PASIR RIS ST 11
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW250G
Insured/Policyholder	
Name Of Registered Owner	VUN KAI FAN (WEN KAIFAN)
NRIC No	S7527404A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81337015
Alternative Phone No	OFFICE-81337015
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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

1800007911

Driver

Fleet Policy Policy Number

Cover Note Number

Name of Driver VUN KAI FAN (WEN KAIFAN)

NRIC No S7527404A

Date Of Birth 12/09/1975

Occupation INDOOR

Date Of Driving Pass 15/08/1995

Driving Experience 23 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81337015

Fax Number

Contact Number OFFICE-81337015

EMail Address NOEMAIL

Address 110 PUNGGOL WALK

#12-22

Postcode 828765

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 RAINING
Road Surface WET

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

NO

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SCX932Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHONG PEK KWANG GERALD (ZHUANG DIGUANG GERALD)

1

NRIC/Passport Number S7345039Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Accident Sketch Plan

SKETCH PLAN

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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/taw 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.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	1 1 1		
	4317) 3 d.	(N) (N) (N)	A: SW2506 B> SCX932Z
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDE	NT	
Refer to Huten	ind.		
	/		
CLARATION We declare the foregoing part	iculars are true in ev	ery respect.	
licyholder's Signature te & Time:	Driver's Sign (If driver is n	not the policyholder)	Reporting Centre Personnel's Signature Name:

Accident Sketch Plan

On 21 Nov 2018 (Thursday), at around 6:15PM, while travelling along TPE towards SLE on Lane 1, opposite Blk 126 Pasir Ris St 11 (before Tampines River), a Toyota car (SCX932Z) hit the back of my car (SLW250G).

Damages include but not limited to car bumper, lamp, car boot and possibly the drum brakes.













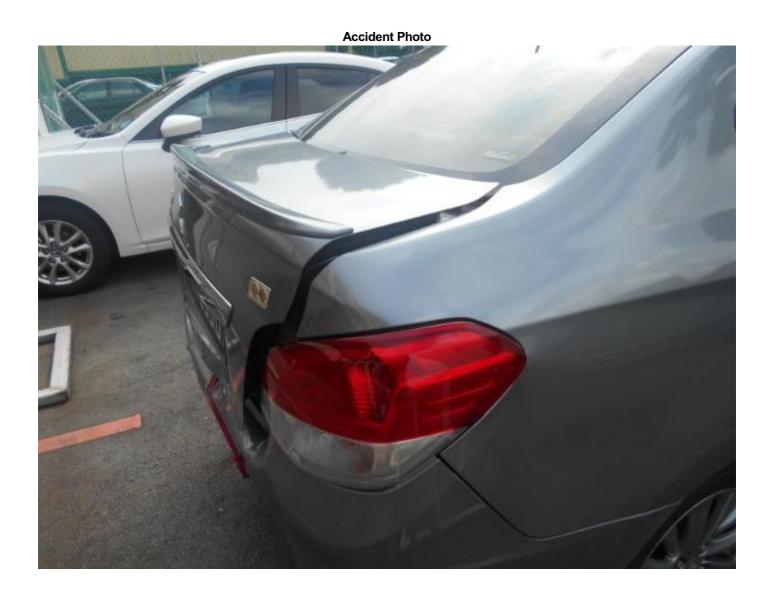










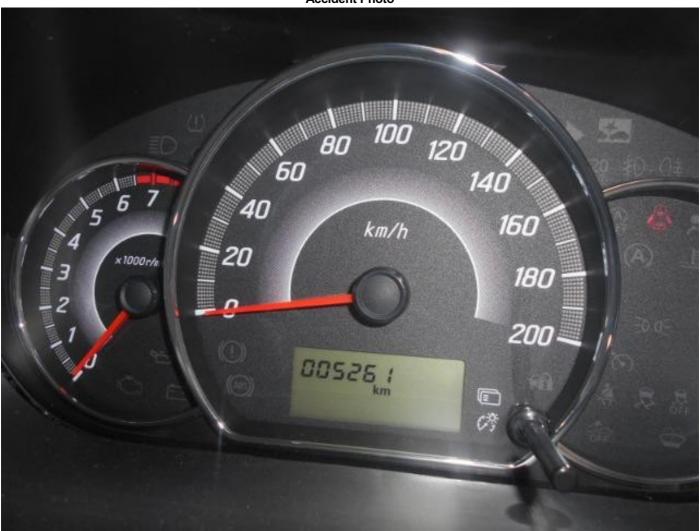














Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION (6 Baffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

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

	ADDENDUM				
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No: MNA 11g 15 15つ Vehicle Registration No: JUN 35 のん				
	Name (as shown in NRIC): Vun kg: Fan Cuen (a: ANRIC/FIN/Passport No: 17527 4540				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate				
	Address : 10 14951 4916 \$12.2 Singapore(62875)				
	Contact (Tel) : Mobile No. : 81337017				
	Email Address :				
	Date of Accident : 21 11 18Time of Accident : 18:15				
	Place of Accident : TPE CIUD OPP ADB BIK 126 POUTE EST H				
	InsuranceCompany: A16				
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I. Amend home of registered owner (your logi For (Wen logi for))				
	VZ				
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:				