

## 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	06/12/2018 18:20
Date Of Accident	06/12/2018 13:30
Exact Location Of Accident	ALONG INTERNATIONAL PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2310K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK BOON CHUON
NRIC No	S1705642E
Email Address	CHARLES.QUEK@THYSJENKRUPP.COM
Mobile Phone No	(LOCAL) +65-91762220
Alternative Phone No	OTHERS-91762220

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS ES250 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	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
Policy Number	1700063827
Cover Note Number	

### Driver

Name of Driver	QUEK BOON CHUON
NRIC No	S1705642E
Date Of Birth	15/11/1965
Occupation	INDOOR
Date Of Driving Pass	08/04/1988
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91762220
Fax Number	
Contact Number	OTHERS-91762220
Email Address	CHARLES.QUEK@THYSJENKRUPP.COM

Address	BLK 13 GHIM MOH ROAD #25-35
Postcode	270013
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 - ROUNDABOUT
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?	NO
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
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : EDDY IRAWAN GENDER: : MALE
Passenger 2	NAME: : NGUYEN VU PHY TUAN 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

I WAS DRIVING IN THE ROUND-ABOUT AT INTERNATIONAL BUSINESS PARK. THE DRIVER OF SKK5455A ENTERED THE ROUNDABOUT WITHOUT STOPPING. IT HIT THE LEFT SIDE OF MY CAR CAUSING DAMAGE TO BOTH DOORS ON THE LEFT. THE IMPACT SWERVED THE CAR HITTING THE CURB CAUSING SCRATCHES ON THE LEFT FRONT TYRE RIM. MY PASSENGERS WERE BOTH MR EDDY IRAWAN AND NGUYEN VU DUY TUAN, WHO WERE NOT HURT. MS ISABELLA DOMANN HARNING, (THIRD PARTY) WITNESSED THE FULL EVENT OF THE ACCIDENT. SHE WAS IN A SEPARATE CAR. SHE'S AN INDEPENDENT WITNESS.

#### 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 Witness 1

Name	ISABELLA DOMANN- HARNING
Phone Number	81214386
Email Address	ISABELLA.DOMANN-HAERNING@LBBWSG.COM

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK5455A
Vehicle Make/Model/Colour	BMW

#### Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MANIAM
NRIC/Passport Number	S2586092F
Contact Number	91376466
Address	25 CHOA CHU KANG NORTH 6 #03-12
Postcode	689580
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan


### SKETCH PLAN

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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 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.

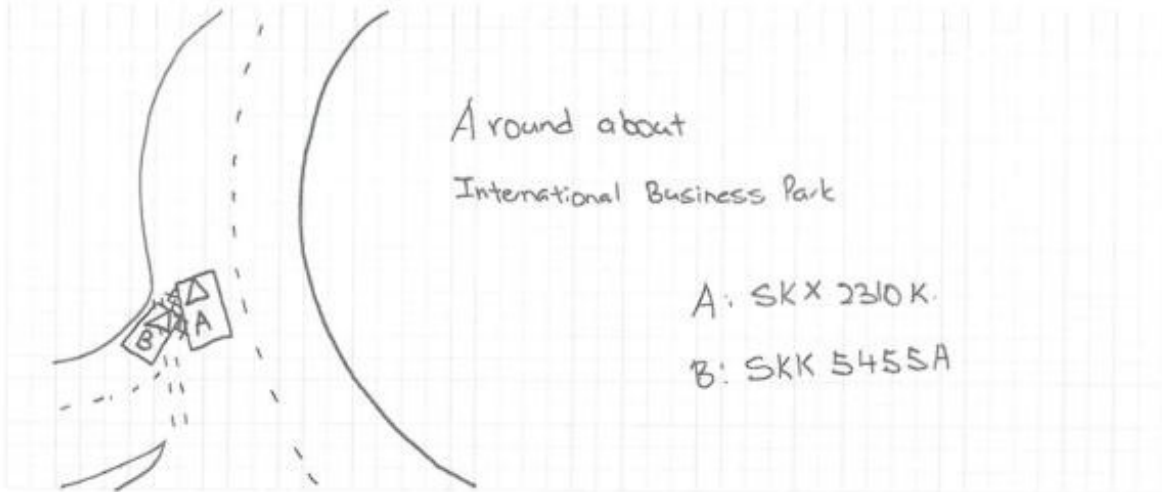
  
Policyholder's Signature  
Date & Time: 6/12/19/4:00pm

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

  
Reporting Centre Personnel's Signature  
Name: Fecherz Bora  
NRIC/FIN No.: F2501310T

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in the round-about at International Business Park. The driver of SKX 5455A entered the round-about without stopping. It hit the ~~and~~ left side of my car causing damage to both doors on the left. The impact swerved the car hitting the curb causing scratches on the left front tyre rim. My passengers were both Mr. Eddy Irawan and Nguyen Vu Duy Tuan who were not hurt.

Ms. Isabella Domann-Harning ~~was~~ (third party) witnessed the full event of the accident. She was in a separate car. She's an independent witness.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 6/12/2014/4:00pm

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

Reporting Centre Personnel's Signature  
Name: Ec chas Roon  
NRIC/FIN No.: F26013127

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

