

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	05/01/2019 08:46
Date Of Accident	15/12/2018 23:05
Exact Location Of Accident	ROUNDAABOUT CIRCLE SUNTEC CITY (FOUNTAIN OF WEALTH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP4848L
Insured/Policyholder	
Name Of Registered Owner	TAN KAH SEONG
NRIC No	S1094393J
Email Address	MTTRADE.TOMMY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96181275
Alternative Phone No	Others-98806044

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX5
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?	YES
If No, Please state action to be taken	
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	
Cover Note Number	

Driver

Name of Driver	TAN KAH SEONG
NRIC No	S1094393J
Date Of Birth	25/09/1947
Occupation	INDOOR
Date Of Driving Pass	20/08/1973
Driving Experience	45 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96181275
Fax Number	
Contact Number	OTHERS-98806044
E-Mail Address	MTTRADE.TOMMY@GMAIL.COM
Address	10 KENSINGTON PARK DRIVE #13-02
Postcode	557324
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	Name: : CHUA SU BOEY 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

REFER TO SKETCH PLAN & STATEMENT

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 Witness 1

Name	CHUA SU BOEY
Phone Number	98806044
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF6681J
Vehicle Make/Model/Colour	HYUNDAI (RED COLOUR)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEBASTIAN TOH
NRIC/Passport Number	S9219094C
Contact Number	97525289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

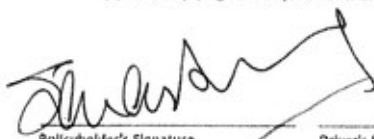
SKETCH PLAN

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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.

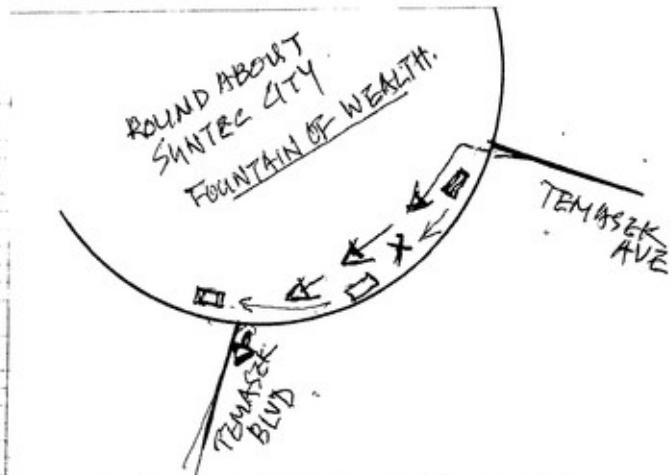

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
MRC/FIN No.:

SKETCH PLAN

- ◀ MY CAR SBP4848L
 MAZDA CX5
 ◻ ← HYUNDAI SMF6681J
 ✕ Spot car hit/contact



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drove my cx5 along Temasek Avenue, keeping to the left. On exit into the Fountain of Wealth / Round about I kept to the left and activated my left signal light as I wanted to look for exit into Rochor Rd side. At a sudden a hit / Bang sound came on my left and a red color car pulled out in front several meters away.

I then realised this car attempted to overtake on my left in that limited space resulting in his ~~right~~ back / mud guard side hitting / brushing my front left corner of my cx5.

He spoke very little as at that time he told me he had to rush off to a movie.

The next thing we did was exchanged particulars and took pictures of damage.

He was confident to make claims against me.

Back then I checked my video camera and noted his car was behind me on entry into the round about - how he suddenly accelerated into my left I cannot understand as the right side is clear.

I leave it to my insurance company to act on my behalf. Please note in my 45 years driving I have never been in an accident or made any claim for accident.

[Signature]

Policyholder's Signature
Date & Time:

23/12/2018

visiting Fukuoka, Japan.

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

