

ALG-Adrian
LFE

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	17/12/2018 15:07
Date Of Accident	15/12/2018 13:00
Exact Location Of Accident	BLK 207 BUKIT BATOK ST 21 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1632K
Insured/Policyholder	
Name Of Registered Owner	ANG CHIN HIN
NRIC No	S1213092I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96967387
Alternative Phone No	OFFICE-96967387

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

Exact Purpose for which vehicle was being used at time of accident

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M066524
Cover Note Number	

Driver

Name of Driver	ANG CHIN HIN
NRIC No	S1213092I
Date Of Birth	17/09/1956
Occupation	INDOOR
Date Of Driving Pass	12/01/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96967387
Fax Number	
Contact Number	OFFICE-96967387
Email Address	NOEMAIL

Address	BLK 14 TOH YI DRIVE #07-27
Postcode	2159
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
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : WONG FOO CHOW GENDER: : FEMALE
Passenger 2	NAME: : ANG DING XUN 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

ON THE ABOVE DATE AND TIME, I WANTED TO EXIT OUT OF THE CARPARK LOT 611 OF BLK 207 BUKIT BATOKS STREET WHEN I NOTICED A M/CAR (SKZ3613U) DROVE INTO THE CARPARK AND DROVE PASS MY VEHICLE AND STOPPED. AFTER NOTICE THE SAID VEHICLE HAD STOPPED, I PROCEED TO MOVE SLOWLY OUT OF MY PARKING LOT UPON SEEING THE SAID M/CAR (SKZ3613U) SUDDENLY REVERSED HIS VEHICLE, I STOPPED MY VEHICLE TO ALLOW HIM TO REVERSE. WHEN HE WAS REVERSING INTO A PARKING LOT OPPOSITE MY VEHICLE, HIS VEHICLE LEFT FRONT PORTION COLLIDED ONTO MY STATIONARY STOPPED VEHICLE FRONT LEFT PORTION. I WOULD LIKE TO STATE THAT UPON SEEING THE REVERSE LIGHT FROM VEHICLE B, I IMMEDIATELY STOPPED MY VEHICLE WHEN VEHICLE B SUDDENLY REVERSED. THERE WAS NO SIGNAL OR HAZARD LIGHT ON INDICATING THAT VEHICLE B WANTED TO PARK.

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	SKZ3613U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

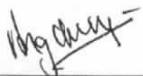
SKETCH PLAN

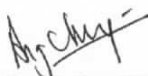
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

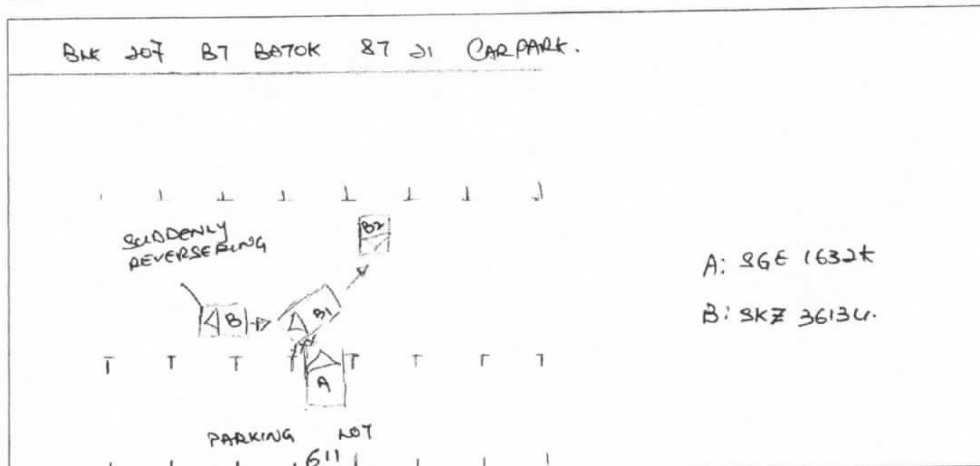
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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) 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:
 NRIC/FIN No.:

SKETCH PLAN

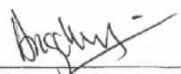


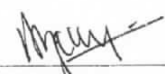
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE DATE AND TIME, I WANTED TO EXIT OUT OF THE CARPARK LOT OF LOT 611 BLK 207 BT BAYOK ST, WHEN I NOTICED A M/CAR SKZ 3613U DROVE INTO THE CARPARK AND DROVE PAST MY VEHICLE AND STOPPED, AFTER NOTICED THE SAID VEHICLE HAD STOP, I PROCEED TO MOVE SLOWLY OUT OF MY PARKING LOT, UPON SEEING THE SAID M/CAR SKZ 3613U (B) SUDDENLY REVERSED HIS VEHICLE, I STOPPED MY VEHICLE TO ALLOW HIM TO REVERSE, WHEN HE WAS REVERSING INTO A PARKING LOT OPPOSITE MY VEHICLE, HIS VEHICLE (B) LEFT FRONT PORTION COLLIDED ONTO MY STATIONARY STOPPED VEHICLE LEFT FRONT PORTION. I WOULD LIKE TO STATE THAT, UPON SEEING THE REVERSED LIGHT FROM VEHICLE (B), I IMMEDIATELY STOPPED MY VEHICLE, WHEN VEHICLE (B) SUDDENLY REVERSED, THERE WAS NO SIGNAL, OR HAZARD LIGHT ON INDICATED VEHICLE (B) WANTED TO PARK.

DECLARATION

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


Policyholder's Signature
Date & Time:


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

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