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.		
	ACCIDENT STATEMENT	
Date Of Report	26/12/2018 13:53	
Date Of Accident	26/12/2018 08:50	
Exact Location Of Accident	UPPER SERANGOON ROAD INFRONT OF HALFWAY HOUSE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SDE3131L	
Insured/Policyholder		
Name Of Registered Owner	AGNES KWEK CHOON ENG	
NRIC No	S1752135G	
Email Address	AGNESKWEK77@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97857618	
Alternative Phone No	OTHERS-96383189	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	COROLLA ALTIS-1.6 L CVT (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	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	2100422359-03	
Cover Note Number		
Driver		

Name of Driver KWEK THIAN TIONG @ MICHAEL KWEK

NRIC No S0001431A

Date Of Birth 21/06/1942

Occupation INDOOR

Date Of Driving Pass 17/03/1961

Driving Experience 57 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97857618

Fax Number

Contact Number OTHERS-96383189

EMail Address AGNESKWEK77@GMAIL.COM

31C LOWLAND ROAD Address

Postcode 547426

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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 PLAN

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

SHB5448D Vehicle Registration Number Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

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.
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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: 26 12

1

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN	
	From the super Swager Road
	FISHESTIMED COUNTY
1- wend	12 soe 21316 Crangon
Ponggo	T
3.7	(Haff Word)
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	- 11 1 1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2
Was I	travelling along upper Scrangoon Rd at 1005 raft way a toke SAD STATED overtook my car and to my front Door, no don raped and my car was scratched . no enjuries was caused to both
Infront of 1	saft way a toke SAD STARD outlook my car and
colided or	to by front Door, no don sold and my car to
door wa-	scritched to engures was caused to both
parties.	0
ECLARATION	
We declare the foregoing part	iculars are true in every respect.
	11/1/10 mg 26/11/200
dinduddar's Signature	Driver's Signature Reporting Centre Perspynel's Signature
olicyholder's Signature ate & Time:	(if driver is not the policyholder) Name:
	NOTICE AND A STATE OF THE PARTY



























