

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	18/12/2018 17:54
Date Of Accident	18/12/2018 08:00
Exact Location Of Accident	HILLVIEW AVC IN FRONT OF MERAWOODS CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7850L
Insured/Policyholder	
Name Of Registered Owner	BOO HWEE SEE,JINA
NRIC No	S6831238H
Email Address	JINABHS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97960085
Alternative Phone No	OTHERS-97960085

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D-2.0 I-S EYESIGHT (A)

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800116725
Cover Note Number	

Driver

Name of Driver	BOO HWEE SEE,JINA
NRIC No	S6831238H
Date Of Birth	18/08/1968
Occupation	INDOOR
Date Of Driving Pass	03/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97960085
Fax Number	
Contact Number	OTHERS-97960085
Email Address	JINABHS@YAHOO.COM

Address	136B HILLVIEW AVENUE #03-02
Postcode	669607
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 - CROSS JUNCTION
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : RAYMOND TANG 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

REFER TO SKETCH PLAN

Attachment(s)

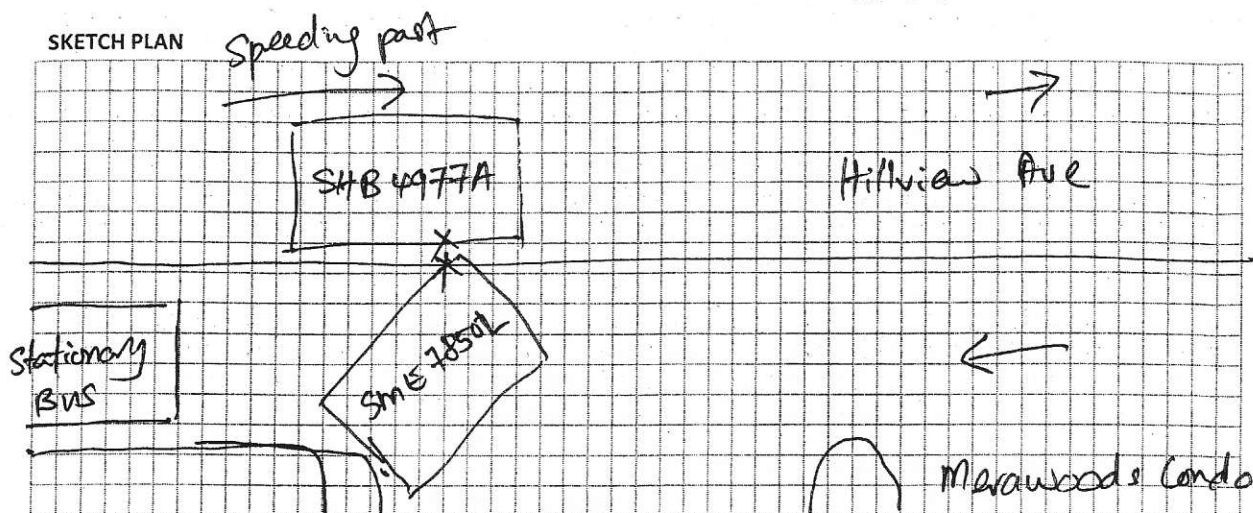
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 18 Dec 18 8.22am		
Accident Location: Hillview Ave, in front of Marawoods Condo		
Vehicle Number: S ME 7850L	Make/Model: Subaru, Impreza	
Policy Holder Name: BOO HWEE SEE JINA		
NRIC/ROC: S 6831238H	Mobile: 97960085	
Email: jinabhs@yahoo.com		
Insurance Company: AIG		
Policy Number: 1800116725	Policy Period: 17 Oct 18 to 16 Oct 19	
Policy Coverage: Comprehensive (✓)	Third Party () Third Party Fire & Theft ()	
State Action Taken: Claim Own Policy () Claim Third Party (✓)		Reporting Only ()
Driver Name: BOO HWEE SEE JINA		
NRIC: S 6831238H	Mobile: 97960085	
Date Of Birth: 18/08/1968	Driving Pass Date: 03/05/1997	
Gender: Male () Female (✓)	Occupation: Indoor (✓) Outdoor ()	
Address: 136 B Hillview Ave #03-02 Marawoods Condo S 669607		
Is driver an employee of the insured's company: Yes () No ()		
If No, Relationship of the driver with the insured:		
Owner (✓) Spouse () Friend () Relative () Children () Sibling () Hirer ()		
Weather Conditions: Clear (✓) Raining () Others ()		
Road Surface: Dry (✓) Wet () Others ()		
Was any foreign vehicle involved in this accident? Yes () No (✓)		
Was anybody injured in the Accident? Yes () No (✓)		
Was there any video captured by Car Camera? Yes (✓) No ()		
Number of Passenger (Including Driver): 2		
1) Raymond Tony 2) 3) 4)		
Was the accident reported to the police? Yes () No (✓) "attach Police Report, if any"		
3rd Party Name: Nagoor Meeran S/o Mohamed Sha		
Vehicle Number: SFB 4977A	Make & Model: Hyundai, Delgro Taxi	
NRIC: S7250/47J	Mobile No: 9021 4706	
Witness Details (if any):		
NAME: Tang Peng Chuan	NRIC: S1810771F	Mobile No: 97966782
Other remark: if any refer to sketch plan		

Montrosa Condo

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 8:02am on 18 Dec 2018, SME 7850L exited from Marawoods Condo after checking for vehicles on left & right. A bus had just stopped on the left of the exit.

Suddenly, a taxi sped past and hit the front left bumper of SME 7850L.

After alighting to check on the status of the vehicles, it was noticed that the front left bumper of SME 7850L and fog light cover was damaged. The driver (right side) door was

damaged for vehicle SHB 4977A. No injuries for all parties involved.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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.: