SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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 inont to the ort at the

By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/01/2019 14:36
Date Of Accident	05/01/2019 11:30
Exact Location Of Accident	JUNCTION OF CENTRAL BLVD AND MARINA WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA2279R
Insured/Policyholder	
Name Of Registered Owner	BEY GEK NUI
NRIC No	S1631442J
Email Address	JOBEYGST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98197351
Alternative Phone No	Others-91087721
Vehicle Particulars	
Manufacturer	BMW
Model	BMW 116
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800061952
Cover Note Number	
Driver	
Name of Driver	ANG JING YING SIMONE
NRIC No	S9542145H
Date Of Birth	04/11/1995

INDOOR

28/03/2016

2 YEARS AND 9 MONTHS

Gender **FEMALE**

(LOCAL) +65-91087721 Mobile Number

Fax Number

Contact Number

EMail Address SIMONEAJY@GMAIL.COM

Address 103 PETIR ROAD #20-06 FORESQUE RESIDENCES

2

NO

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Postcode 678273 Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

NO Was there any audio recorded?

Vehicle Registration Number SHC4407Z

TOYOTA PRIUS Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver HOE SENG KWONG

NRIC/Passport Number S1176308A Contact Number 96421937

Address Postcode

Insurance Company Name

Nature Of Damage REAR & RIGHT

No. Of Passenger (Including Driver) 2

Passenger 1 Name: :

Gender: :

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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

7Jan 2019

Date & Time:

Driver Aignature

(If driver is not the policyholder)

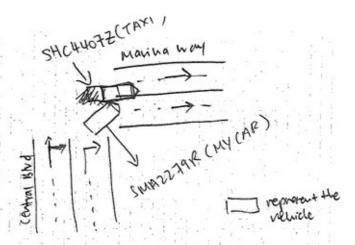
Date & Time: + January 2017 / 11-18 a m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12.20pm.



	incident hypened on the 3th January 2019 at 11.30 a.m.,
	I was on the way to joga class at 12.15p.m.
	while I was making a turn at the cross jurction between
	central blod and marina way, the taxi durar on the outer lave
	made a sharp turn to the right and the collide happened
	the front left of the vehicle collided with the right rear of
	the taxi.
_	
_	
-	
_	
_	
_	
_	

Policyholder's Signature

Date & Time: 7 Jan 2019

12. mpm.

Driver's Signature

(If driver is not the policyholder)
Date & Time: Thy Jaway 201 9

11.20 9m

Reporting Centre Personne Name:

Signature

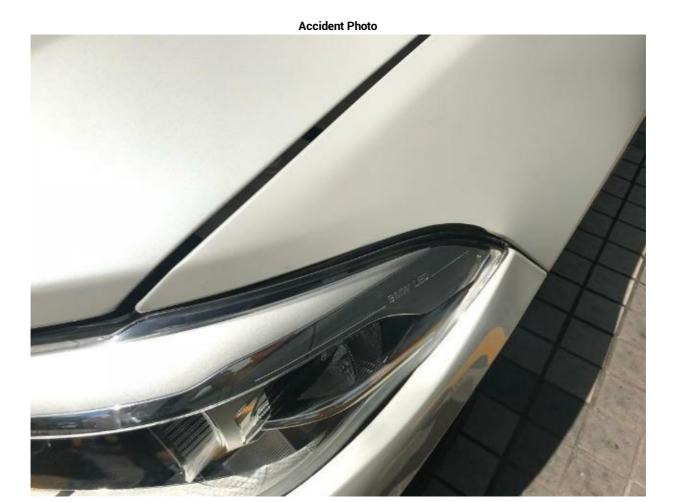
NRIC/FIN No.:





Accident Photo









Accident Photo





















