

## 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	14/01/2019 19:07
Date Of Accident	14/01/2019 09:00
Exact Location Of Accident	WOODLANDS STREET 13 BLK 166 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6976G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW ENG HAW
NRIC No	S8281443D
Email Address	JORDAN@PROMACMAILS.COM
Mobile Phone No	(LOCAL) +65-81618525
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 SX (A)
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?	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	1800020073
Cover Note Number	

### Driver

Name of Driver	CHEW ENG HAW
NRIC No	S8281443D
Date Of Birth	21/06/1982
Occupation	INDOOR
Date Of Driving Pass	27/06/2006
Driving Experience	12 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81618525
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	JORDAN@PROMACMAILS.COM
Address	BLK 753 WOODLANDS CIRCLE #05-542 SINGAPORE
Postcode	730753
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 - MAJOR/MINOR RD
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)	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

AS I WAS MOVING OUT FROM PARKING LOT, SUDDENLY VEHICLE B SKC9293R APPEAR IN FRONT OF ME AND COULDN'T STOP IMMEDIATELY AND GRAZED TO HIS CAR LEFT FRONT PORTION.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC9293R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number	97250173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan



## MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	14/1/19.
Date of Accident:	14/1/19.
Exact Location of Accident:	Woodlands Street 13 BLK 166, open car park.
Time:	0900.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	SLW 6976G
Name of Registered Owner:	Chew Eng Haw
NRIC/Passport No./FIN:	S8281443D.
Company Reg. No (for Company Veh):	
VEHICLE PARTICULARS	
Manufacturer:	KIA
Model:	Cerato K3.
Exact Purpose for which vehicle was being used at time of Accident:	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance:	ALG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	1800020073.
Driver when the Accident Happen	
Name of Driver:	Chew Eng Haw
NRIC/Passport/Fin No:	S8281443D
Date of Birth:	21/06/1982
Occupation:	Service Engineer
Date of Driving Pass:	27/06/2006
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	81618525
Home No.:	
Address:	BLK 753 Woodlands Circle #05-542 Singapore
Postal Code:	730753
Email Address:	jordan@promacmalls.com
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured Owner
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company:	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any Accident Photo in the Scerie of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which Police Station:	
Was notice of Intended Prosecution given:	
DETAILS OF OTHER VEHICLE: (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	SKC 9293 R
Name of Registered Owner:	
NRIC/Passport No./FIN:	
Company Reg. No (for Company Veh):	
Name of Driver:	
NRIC/Passport/Fin No:	
Mobile No.:	97250773
Home No.:	
Address:	
Postal Code:	
Email Address:	
Insurance Company:	
Details of Passenger if any	
Passenger Name:	
Contact Number:	
Gender:	
Details of Injured Person	
Name:	
Age:	
Address:	
Injured Sustained:	
Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

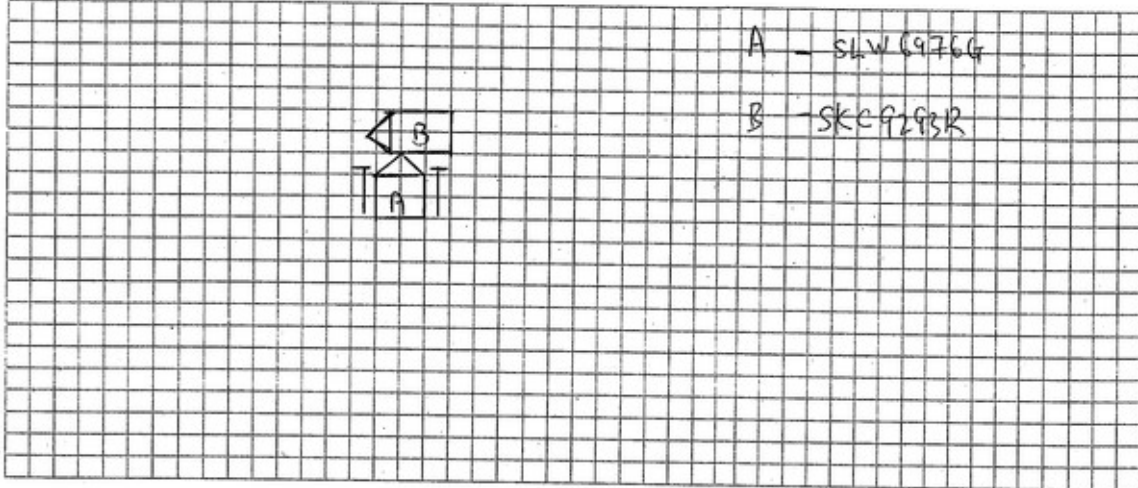
14/12/19 1815

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

AS I was moving out from parking lot.  
 Suddenly Vehicle B SKC 9293R appear in front of me  
 and couldn't stop immediately. And grazed to his car left front  
 portion.

## DECLARATION

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

Policyholder's Signature

Date & Time:

14/1/2019 1815

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

