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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

 By the lodgement of this report to the insurers, you hereby conse aforesaid. 	
	ACCIDENT STATEMENT
Date Of Report	07/01/2019 15:18
Date Of Accident	07/01/2019 09:05
Exact Location Of Accident	DUNEARN RD TWDS ADAM RD (BESIDE LINDEN DRIVE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR4728H
Insured/Policyholder	
Name Of Registered Owner	LOH SUR YONG STEPHEN
NRIC No	S1105105G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96359917
Alternative Phone No	Office-96359917
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (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
lf 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	2100402609-03
Cover Note Number	
Driver	
Name of Driver	STUART KAREN MRS KAREN LOH
NRIC No	S1379872I

INDOOR

02/08/1983

35 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96810128

Fax Number

Contact Number

EMail Address NOEMAIL

Address 126 ENG NEO AVENUE

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

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

NO

3

NO

NO

NO

1

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

TEL NO: 1800-4629999 - FAX NO: 64628933 **Police Station Contact**

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACH

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 SJZ4560T Vehicle Make/Model/Colour WHITE VW

Details Of Properties

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)

COON HUGH CHRISTOPHER

G3162648Q

DETAILS OF OTHER VEHICLE PROPERTY 2

SGY9955X Vehicle Registration Number Vehicle Make/Model/Colour RED HYUNDAI

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **NEO WEI MIN** NRIC/Passport Number S8515571G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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:

Your vehicle no:

Driver's Signature (If driver is not the policyholder)

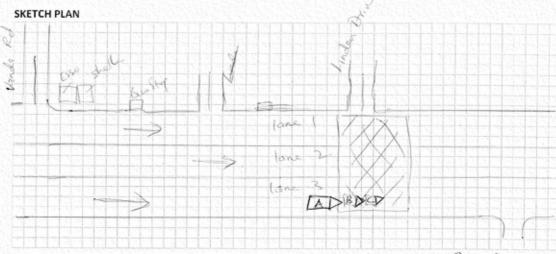
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Stander Specializabarat VI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle No. SKR4728H

Accident Date:	Accident Time:	AM/PM
Accident Location:	NEW THE PROPERTY OF THE PROPER	
- Details	of circums	stances-
The state of the s		
		电影的复数形式影响的影响。
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非常情報的 自身的公司(
Other party details below:-		
B) Ven No: 8 J Z 4560 THP No:	Pax incl driver: Driver name:	
C) Veh No: SGY99SSX Hp No:	Pax incl driver: Driver name:	

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.:

X CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

	This is to confirm that	Stuart Karen Mrs.Ka	ren Loh	, NRIC	C/FIN _			
S1379		the Police a non-inju						
Dunea	rn Road towards Adam Road	(beside Linden Drive)	on	07.01.2019	at 0905hrs			
involv	ing the following vehicle:							
1)	SKR4728H (SILVER NISSA	N) - [Driver] Stuart	Karen M	frs.Karen Loh S	13798721			
	SJZ4560T (WHITE VOLKSWAGEN)- [Driver] Coon Hugh Christopher G3162648Q							
3)	SGY9955X (RED HYUNDAI)- [Driver] Neo Wei Min S8515571G							
	On 07/01/2019, at about 0905hrs, vehicle SKR4728H was exiting from Vanda Road and							
	travelled along Dunearn Road on the third lane. Just as she was changing lane from the second lane to first lane, the vehicle in front on her (SJZ4560T) braked. Vehicle							
	SKR4728H could not brake her vehicle in time and bumped into the back of vehicle							
	SJZ4560T. Vehicle SJZ4560T bumped into the back of vehicle SGY9955X. However, sh							
	is unsure if it happened before or after her vehicle bumped into vehicle SJZ4560T. No one was injured.							
2	If this accident was reported to the Police within 24 hours of its occurrence,							
	Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.							
	Rank/Name of Issuing Of	ficer: Sgt Jolene Kau	zti	L				
	Date: 07.01.2019		Time: 1133hrs					
	S/D Ref: <u>eSD 30</u>							
	Police Post/Unit: Bukit Ti	mah NPC	BUKIT	TIMAH NEIGHBOURHO	OD POLICE CENTRE			
	Original - to be issued to informan			SINGAPORE 2				
	Dunlicate to be submitted to Trot	Ole Delies						

CONFIDENTIAL

Version as of 15 Jan 2002













