### 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

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	ACCIDENT STATEMENT			
Date Of Report	15/01/2019 15:26			
Date Of Accident	12/01/2019 12:50			
Exact Location Of Accident	BLK 616 BEDOK RESERVOIR ROAD CARPARK			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SFP2782H			
Insured/Policyholder				
Name Of Registered Owner	SIN YONG HUAT RENOVATION CONTRACTOR			
Co Reg No	53042782J			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-96336977			
Alternative Phone No	OFFICE-96336977			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	ECLIPSE CROSS-1.5 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	THIRD PARTY			
Vehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	1800098806			
Cover Note Number				
Driver				
Name of Driver	KHAW SOON HUAT			

Name of Driver KHAW SOON HUAT

 NRIC No
 \$7561785B

 Date Of Birth
 23/12/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 07/06/2005

Driving Experience 13 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96336977

Fax Number

Contact Number OTHERS-96336977

EMail Address NOEMAIL

Address BLK 616 BEDOK RESERVOIR ROAD

#09-1120

Postcode 470616

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

t? 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?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : WONG LEE KWIN (WIFE)/KHAW CHENG SEN(SON)

GENDER: : FEMALE

**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** 

Vehicle Registration Number YM9682H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

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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  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:
  - 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 Personne's Signal

Name:

NRIC/FIN No.:

### **Common Statement**

KETCH PLAN			
		616 Bedok Reservior	
		Vehicle A: SFP2782H	
		Vehicle B: Ym 9682H	
	4	VOMOR 15 - 1101 108 211	
	14 B		
Т-Т	T-17/27 T		
	* ·		
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT		
The state of the s	FOR THE ACCIDENT		$\neg$
On the stated	date and time. I	vehicle A was parked stationary	
		-	
My wife and so	n is in the Vehicle	while I go to my house to	
get come chafe	M. Wite called int	and mentioned that Vehicle B	+
Ji some staff.	ry are commented	and men trong that vertice B	$\dashv$
reversed and hit	onto my vehicle	left pation.	
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DECLARATION	1 .0		
We declare the foregoing parti	culars are true in every respect	al isloils	ral
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the policyholder Date & Time:	104811	Lp:
	WHITE SE VILLEY	NRIC/FIN No.:	

#### **Accident Sketch Plan**

I, G 287 2967 M Life; reverse and beknock onto SFP 2782H Rear Left portion of the Car. We are going for insurance claim.

Life1 62872967m

\$ 2 8030764

khan soon huat 575617858

96336977

an 15/8/2019 Rod limitions





















