

## 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	08/02/2019 17:18
Date Of Accident	05/02/2019 12:15
Exact Location Of Accident	MANDAI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4971K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MICHELLE THAM
NRIC No	S7924638G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90272070
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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	2100505259-01
Cover Note Number	

### Driver

Name of Driver	SCOTT GEEMIN WONG
NRIC No	S8088488E
Date Of Birth	19/06/1980
Occupation	INDOOR
Date Of Driving Pass	21/11/2012
Driving Experience	6 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93629132
Fax Number	
Contact Number	
E-Mail Address	SCOTT.LVON6@SC.COM
Address	99 ROBERTSON QUAY #28-11
Postcode	238258
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	3
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)	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

PLEASE REFER TO THE ATTACHED DOCUMENTS

#### 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	SJR490E
Vehicle Make/Model/Colour	TOYOTA RAV 4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

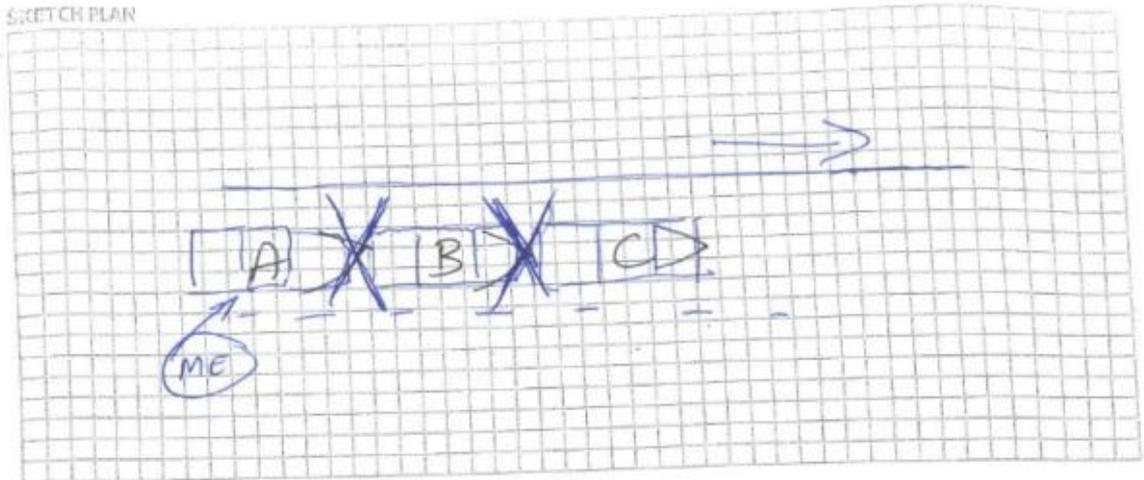
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC CONDITIONS ON MANDAL RD AFTER LEFT TURN LEAVING ZOO, ON WAY TO TAKE BKE. CAR IN FRONT SUDDENLY STOP, ATTEMPTED TO BRAKE BUT UNSUCCESSFUL IN TIME. HIT RAV4 (BLUE) TOYOTA. NO INJURIES. NO DAMAGE TO PUBLIC PROPERTY.

NOTE RAV4 HIT CAR IN FRONT OF IT AS WELL.

VEH A : SLM 4971 K

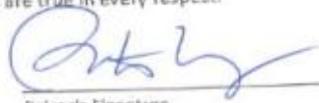
VEH B: SJR 490 E

VEH C:

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 8/2/19

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/2/2019



Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: 99001518D

SKETCH PLAN

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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 Purpose
- (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

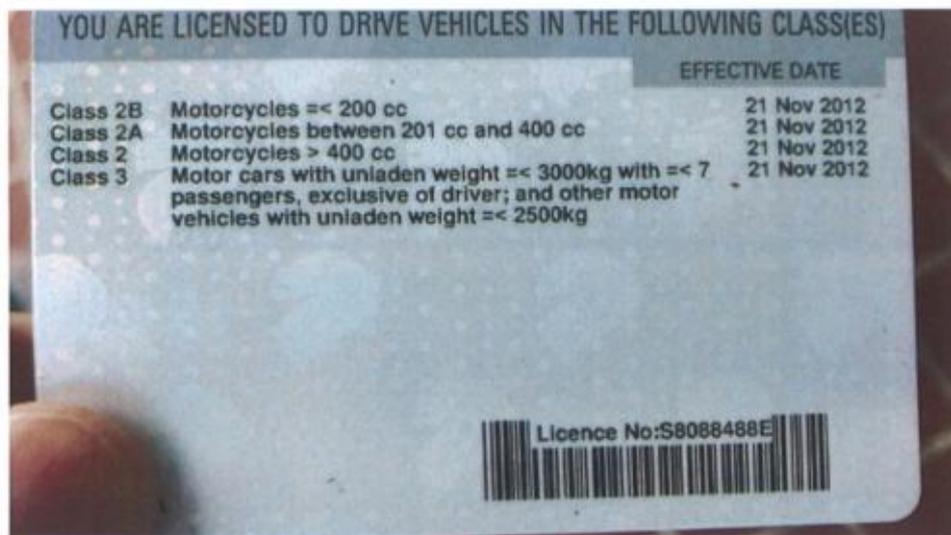
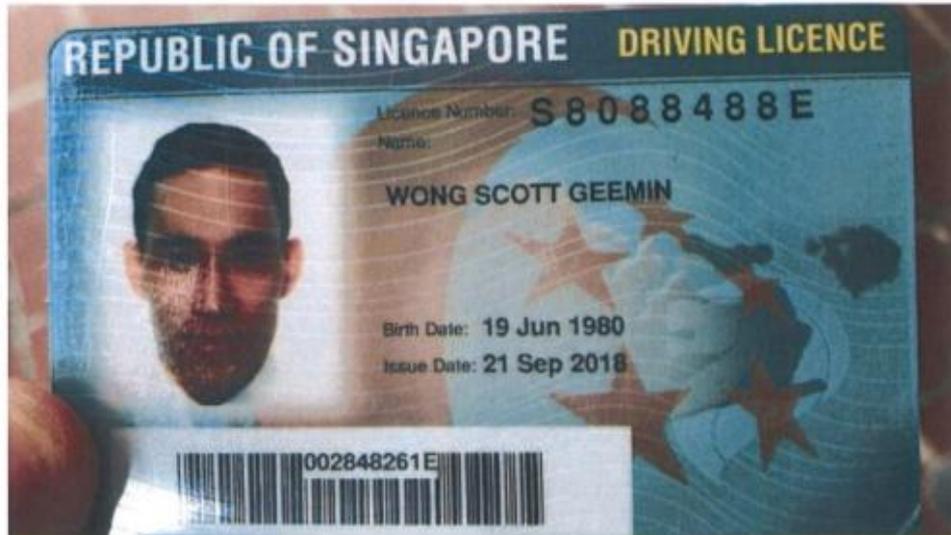
Date & Time: 8/2/19

  
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 8/2/2019

  
Reporting Centre Personnel's Signature

Name: DANIEL JUDE  
NRIC/FIN No.: S9001518D



DRIVER NRIC

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8088488E**



**Name**  
**WONG SCOTT GEEMIN**

**Race**  
**CHINESE**

**Date of birth**      **Sex**  
**19-06-1980**      **M**

**Country/Place of birth**  
**UNITED STATES**



9463224



**NRIC No. S8088488E**



**Nationality**  
**AMERICAN**

**Date of issue**  
**13-10-2017**

**Address**  
**99 ROBERTSON QUAY**  
**#2B-11**  
**SINGAPORE 238258**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



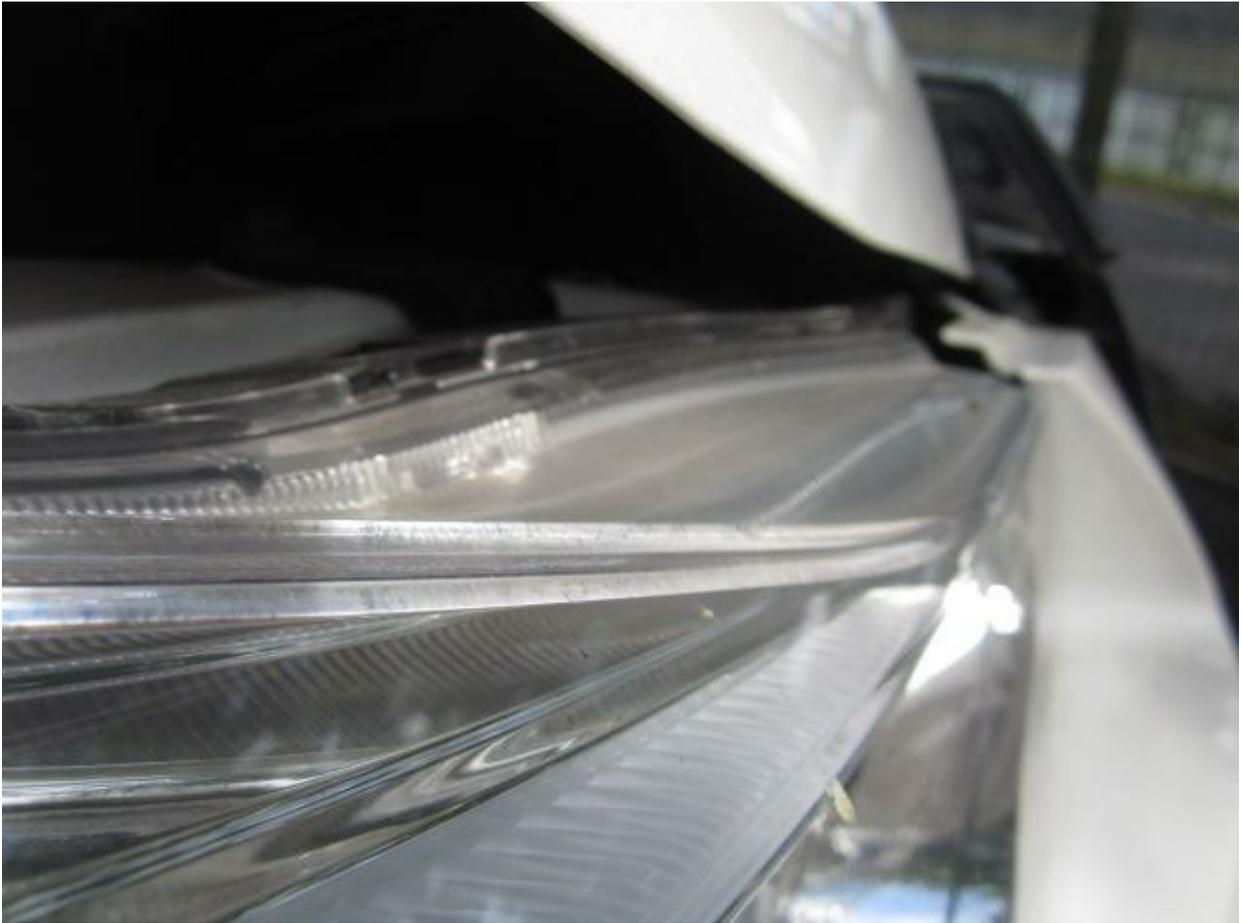
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