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

	ACCIDENT STATEMENT
Date Of Report	01/02/2019 15:59
Date Of Accident	01/02/2019 14:15
Exact Location Of Accident	SLIP RD OF UPP PAYA LEBAR RD TO BARTLEY RD E
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFB1011E
Insured/Policyholder	
Name Of Registered Owner	ONG CHUEY GEOK
NRIC No	S1442951D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97862245
Alternative Phone No	Office-97862245
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA-2.4 WELCAB (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	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	1800119177
Cover Note Number	
Driver	
Name of Driver	ONG CHUEY GEOK
NRIC No	S1442951D
Date Of Birth	16/01/1960
	Wasan

INDOOR

07/03/1988

30 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97862245

Fax Number

Contact Number OFFICE-97862245

EMail Address NOEMAIL

46 LAKESIDE DRIVE Address

#16-16

Postcode 648324 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

2

NO

NO

NO

1

NO

NO

General Information of the Accident

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

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 SKJ2038X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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 iform) 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 Insurants) who have insured vehicle(s) involved in this accident (all insurants) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers 'sawyers/law flams, 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 disclorure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/imil puddages); and/or
 - (v) complying with applicable law in administrating, 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/faw firms, ney/ere permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Perronal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service provide as 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.
- (a) the information so collected under (d) above may be shared / birchaed:
 - (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
 - (0) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder) Date & Time:

Name: NBIC/FIN No.:

Reporting Centre Personnel's Signature

		Vehicle
		A - SFB 10116
	4-	B-SKJ2038
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	148) /	
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		Vehicle Motorcycle
		Action money
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DECLARATION		
	ticulars are true in every respect.	ing must be made within the stiguisted timetra
/We declare the foregoing par	ticulars are true in every respect. By have a fourtee(TN4) days clause whereby the claim against own pol	icy must be made within the stipulated timefran
/We declare the foregoing par	an university to a second seco	icy must be made within the stigulated timefran
Please be advised that your insurer mi from the day of occurrence. Kindly ch	by nove a rourreet (14) days coals white by each your policy for core details:	10
I/We declare the foregoing par	briver's Signature	icy must be made within the stipulated timefran Reporting Centre Personnel's Signature Name:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1442951D



ONG CHUEY GEOK

王翠玉 nace CHINESE

16-01-1960 Country/Place of Bath SINGAPORE

210429510



5888512



12-03-2018

46 LAKESIDE DRIVE #18-16 SINGAPORE 648324

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors (vehicles =< 2500 kg

07 Mar 1988

NP 428A



Accident Photo







Accident Photo







Accident Photo

