Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/02/2019 16:16

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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.

oforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	21/02/2019 16:12	
Date Of Accident	03/02/2019 11:10	
Exact Location Of Accident	ALONG PUNGGOL FIELD NEAR BLK 101 HDB PUNGGOL	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG8744E	
Insured/Policyholder		
Name Of Registered Owner	KANG YEW LEONG	
NRIC No	S0024548H	
Email Address	KANGYEWLONG@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91402901	
Alternative Phone No	Office-91402901	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH-1.8 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	
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	2100486684	
Cover Note Number		
Driver		
Name of Driver	KANG YEW LEONG	
NRIC No	S0024548H	
	3002404011	

INDOOR

04/01/1979

40 YEARS AND 0 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-91402901

Fax Number

Contact Number OFFICE-91402901

EMail Address KANGYEWLONG@GMAIL.COM

BLK 108B MCNAIR ROAD Address

#16-200

Postcode 323108 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 - 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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

SJK6573Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number Address

90881044

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the exchiving of this report at the centre and to soplies of the report being made svallable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, 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' lawvers/law flams, the Monetary Authority of Singapore and any relevant government agancy/authority (such as the police), for the purpose(s) of singapore.
 - processing, handling and/or dealing with my claims including the sessionment of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident und/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (b)) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data shout me to bring about delivery of the same as well as don'the autematicaver of expelopes/mill puckages); and/or
 - (v) complying with applicable law in administrating, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) All insures (s) who have insured vehicle(s) involved in this socient and the insurers' lawyers/law firms, incl/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above European and
- (c) my Personal Information may/can be disclosed by any of the travers and/or GtA to their third party service provide as or agents finding their lawyers/law firmst, which may be sked outside of Singapore, for one or more of the above Puriposes.
- (d) my Parsonal information will also be collected and used to compile claims history for the purpose of fisual detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclored:
 - (ii) to all insurers and/or any other third parties that expire in evaluating, investigating, or navolling or managing freutoline guidators, lew 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:

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

MRIC/FIN No.:

		Vehicle
		A - SLG8744 6 B - STK 6573
		B - 30 ~ 07117
	A A	Legend Vehicle Matercycle
CRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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ear 61k 101	HDB aregol. While I	checking for oncoming which
- clear , 1	accidentally release o	a bit Juny brake Zaneny
and addition of	to clip down and	Slightly knock onto
yercie -	was just a winor 1	anocked.
ph B- It	was Just a winor	,
	tion of the same of	
	The second secon	

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

Policyholder's Signature Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





SINGAPORE





Accident Photo















