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 conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/03/2019 13:55
Date Of Accident	10/03/2019 13:00
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD, OUTSIDE CHURCH OF THE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH3276E
Insured/Policyholder	
Name Of Registered Owner	LAI WEE HSIUNG (LAI WEIXIONG)
NRIC No	\$7726719J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98893991
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	1900004335
Cover Note Number	
Driver	
Name of Driver	LAI WEE HSIUNG (LAI WEIXIONG)
NRIC No	S7726719J
Date Of Birth	03/10/1977

INDOOR 01/02/2001

18 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98893991

Fax Number

Contact Number

EMail Address NOEMAIL

Address 411A FERNVALE ROAD

#17-84 SINGAPORE

Postcode 791411
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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1 Name: : JENNE CHONG

Gender: : Female

Passenger 2 Name: : LAI YU XUAN

Gender: : Female

Passenger 3 Name: : LAI YU XIN

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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour SHD9260R

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM TOW SUAN NRIC/Passport Number S1612663B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 Name: :

Gender:

Passenger 2 Name:

Gender:

Sketch Plan

SKETCH PLAN

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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)
 - 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: 11-March-2019

8.7E ...

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11-Mach-2019

8.25am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMIC ShetchPlanForm_V3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	LICENSE PLATE NO: SMH 3276E
ACCIDENT DATE: 10-Maich -2019	CONTACT NUMBER: 98393991
ACCIDENT TIME: 1 PM	FMAIL: La' MARRIAGO I
LOCATION: UMPEL SUMMERS has I a to be a	EMAIL: lawn 2000 yahos. com
LOCATION: Upper soungers head, outside Ch	with of the Novity of the Blessed
31,109	
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the auch of the Naity of the Blescal	Vign May A tax SHO9260R
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OTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY
PLEASE CHECK YOUR POLICY F	
ASE STATE: CLAIM OWN POUCY () CLAIM THIRD PA	
LARATION	RTY ()REPORTING ONLY

DE

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 11-March-2019
8:25am
GIARME SketchPlantons, 1/3

Driver's Aignature
(If driver is not the policyholder)
Date & Time: 11 - Morch - 2019
8:25am

Reporting Centre Personnel's Signature

2

Name:

NRIC/FIN No .:























