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 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	14/03/2019 14:30		
Date Of Accident	14/03/2019 07:10		
Exact Location Of Accident	X-JUNC OF JURONG WEST ST 52 & JURONG WEST AVE 1		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLN8875Z		
Insured/Policyholder			
Name Of Registered Owner	CHAN BOON HONG		
NRIC No	S7678410H		
Email Address	CBHONG76@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-91019239		
Alternative Phone No	OTHERS-91019239		
Vehicle Particulars			
Manufacturer	SUBARU		
Model	FORESTER		
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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	1700006659-01		
Cover Note Number			
Driver			

Name of Driver **CHAN BOON HONG**

NRIC No S7678410H Date Of Birth 07/09/1976 Occupation **INDOOR Date Of Driving Pass** 15/12/2000

Driving Experience 18 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91019239

Fax Number

OTHERS-91019239 Contact Number

EMail Address CBHONG76@GMAIL.COM Address BLK 558 JURONG WEST ST 42

#08-447

Postcode 640558

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

1

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? NO

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? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

? YES

YES

Was there any video captured by Car Camera?
Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH6465L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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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- 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 [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/lew 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 Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

	. 1	
SKETCH PLAN	1 1	
→ \		A= SLN 8875Z
	\times $\overline{}$	3= F3H6465L
< /	←	
Green - B	38 -	Cross Junction of
Tight, the A		Jurong West Street 52
A		and Jurong West Avenue:
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
	Refer to e	utto (h
	MP 10 2	11 Jack
	/	
	/	
DECLARATION	$\overline{}$	
	articulars are true in every respect.	Syn 14/03/19
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholo Date & Time:	Report of Centre Personnel's Signature

Individual Statement

On 14.03.19 at about 07:10 hours at Cross Junction of Jurong West Street 52 and Jurong West Avenue 1. I was travelling straight on the lane 2 (along Jurong West Street 52 towards Jurong West Street 42), suddenly vehicle (B) from my right cut into my lane (he wanted to turn left from right lane) and collided onto front right hand side portion of my vehicle (A).

Vehicle (A): SLN 8875Z

Vehicle (B): FBH 6465L























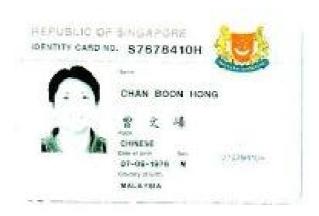








Identification Card



SLA BB 15 Z

Owner & Driver



Driving License



- SLH8875Z . Owner & Driver

YOU ARE LICENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASSIES:

PAGE DATE

Class 9B - Molacopcies not ecoseding 999 or Class 9 - Molac Care and Molac Tractions the weight of which unlatten does not accord 2000 biregrams

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