Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/03/2019 16:43

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/03/2019 17:44
Date Of Accident	14/03/2019 11:30
Exact Location Of Accident	JLN BUKIT MERAH BETWEEN JLN MEMBINA/KIM TIAN PLACE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV8957C
Insured/Policyholder	
Name Of Registered Owner	YAP TEIK YUNG DANIEL
NRIC No	S7325918E
Email Address	HUITAY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98800829
Alternative Phone No	Others-98800829
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	2100190953-08
Cover Note Number	
Driver	
Name of Driver	YAP TEIK YUNG DANIEL
NRIC No	S7325918E
Date Of Birth	20/07/1973

INDOOR

27/07/1998

20 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98800829

Fax Number

Contact Number OTHERS-98800829

EMail Address HUITAY@SINGNET.COM.SG

BLK 73 TELOK BLANGAH HEIGHTS Address

#15-313

Postcode 100073 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 SIDE SWIPE **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

Was any other material or property damaged? YES

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SKA254Z Vehicle Registration Number Vehicle Make/Model/Colour TOYOTA CHR

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver JEFF TEAY

NRIC/Passport Number

Contact Number Address

83385254

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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.
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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.
- 6. 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) 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.

oliomolder's Signature

ate & Time: 14/s

2-154

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.

SKETCH PLAN JUN BT MERBY ZHOWARM I'M MEMBILIA/KIM TION PLACE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT At 11.30 km was driving along Jalen Buker Merch between Jin Members and Kim Tim Rd. I was changing lones and had turned on my signal indicator and looked behind to their road had sufficient dearant space.

As I was making very to the left most lone, the other vehicle and my stop wor slow down to give may and collected. uneccessarily into my vahide. Daney to both vehicles was light and persons unhoned DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder)

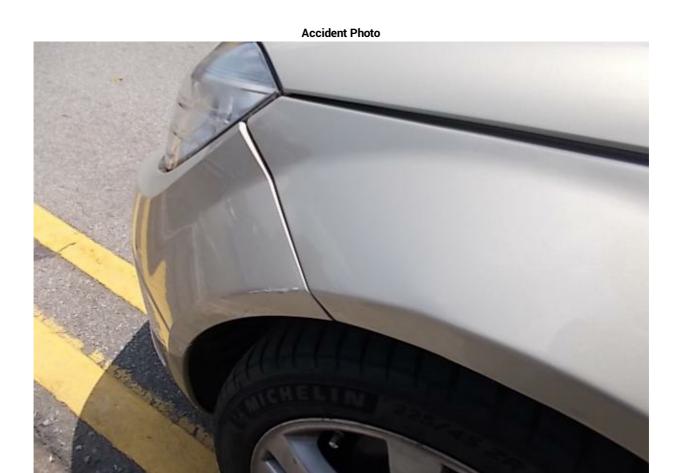


















REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7325918E



Name



YAP TEIK YUNG DANIEL

Sex

M

叶德荣

Race

CHINESE

Date of Birth

20-07-1973

Country of Birth

SINGAPORE



30362



NRIC No. S7325918E

Blood Group

Date of issua

A+

30-06 100

PT BLK 73 TELOK BLANGAH HEIGHTS #15-313

NGAPORE 100073

VRIC No: \$7325918E

Date: 27-10-2005 (R) No: 5284212

Driving License



