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.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	25/03/2019 08:36	
Date Of Accident	24/03/2019 19:40	
Exact Location Of Accident	SLIP RD FRM KJE GOING TO CCK DRIVE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKV2753B	
Insured/Policyholder		
Name Of Registered Owner	WONG KIN LEONG	
NRIC No	S1474783D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97848127	
Alternative Phone No	Office-97848127	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	SYLPHY-1.6 (A)	
Exact Purpose for which vehicle was being used at time of accident		
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	2100428285-03	
Cover Note Number		
Driver		
Name of Driver	WONG KIN LEONG	
NRIC No	S1474783D	
Date Of Birth	30/03/1961	

INDOOR 13/09/1980

38 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97848127

Fax Number

Contact Number OFFICE-97848127

EMail Address NOEMAIL

220 CHOA CHU KANG CENTRAL 1 Address

#13-270

Postcode 680220 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 : GOH SYE KHIM Name:

> Gender: : Female

Passenger 2 Name: : WONG TIAN EN

> Gender: : Male

Passenger 3 Name: : WONG YONG EN

> Gender: : Male

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 ATTACH

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 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM WEI LOON

SLW401M

NRIC/Passport Number

Contact Number 81821208

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: __SKV 2753B

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 7. 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:

- 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)
 - (i) 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")
- 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.
- 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:

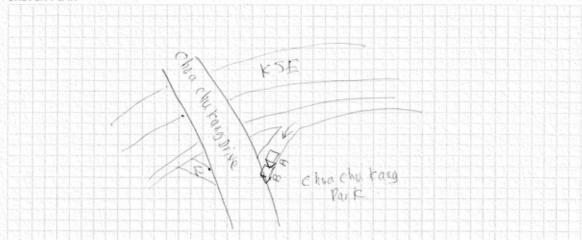
25/3/19,0839/10

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	My Vehicle No (A): SKV 2753B
Accident Location: Slip road from KJE	to chea chy kary Drive
Accident Date: 24.3.2019	Time: 1946 am/pm
-Brief Details	Of Accident-
I was at slip road from KSE	to choo chu hong Drive, looking out
	if then I hit the car in front at
about 7.39 pm on 24 mar	2019
	表现是自己的 自己 2000 的复数自己的正式 (1900 b)
AND PLANTED STREET, ST	
and the second of the second o	
-Other Vehicle	Involve Details
Veh No: SLW 401M Hp: 81821208 Pax:	
Veh No: Hp: Pax:	Driver Name:
von rio.	Dilyer Hame.

DECLARATION

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

Motor 25/3/19,083910

Policyholder's Signature

Date & Time:

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

Name: NRIC/FIN No.:











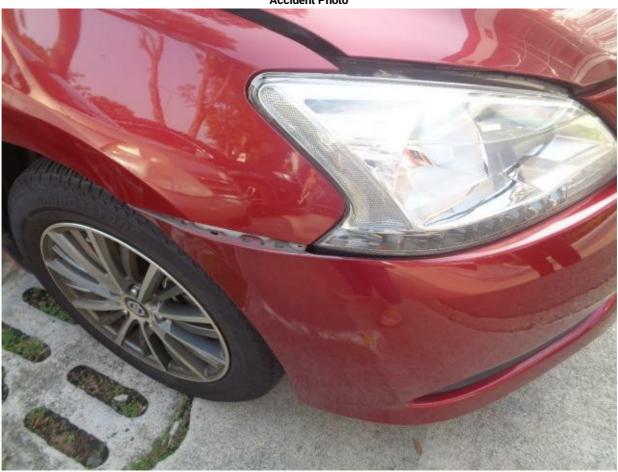






















TP Veh Photo

