Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 02/04/2019 08:32

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 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

	A COURTNIT OF A TENENT
	ACCIDENT STATEMENT
Date Of Report	01/04/2019 11:23
Date Of Accident	30/03/2019 12:05
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDZ7718H
Insured/Policyholder	
Name Of Registered Owner	KAN LOONG SHING
NRIC No	S1530932F
Email Address	WATSER@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96690695
Alternative Phone No	Office-96690695
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f 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.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18000611009
Cover Note Number	
Driver	
Name of Driver	RACHEL KAN EN-QI
NRIC No	S9308586H
Date Of Birth	09/03/1993

INDOOR

17/07/2018

0 YEAR AND 8 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-97580052

Fax Number

OFFICE-97580052 **Contact Number**

EMail Address NOEMAIL

101 CLEMENTI ST 14 Address

#15-141

Postcode 120101 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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?

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

2

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 : KAN LOONG SHING Name:

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACH

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBN1222Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ANG

88661222

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: 802 7718H

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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/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:
 - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(A): SDZ77187 am/pm dent-
am / pm
CHARLES THE STREET
CHARLES THE STREET
dent-
Details
Details

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.:

Date: 30th March 2019

Place of accident: Lower Delta Road towards Jalan Bukit Merah

Time: Approx. 12:05pm

Road Condition: light traffic

Weather: No rain

Cars involved:

1) CHESTNUT BRONZE Nissan Qashqai (SDZ 7718H)

2) White Lexus RX (SBN 1222Y)

While travelling along Lower Delta heading towards Jln Bukit Merah. We experienced a slight impact on the left side of the car caused by a white Lexus RX (SBN 1222Y). We slowed down at the yellow box and we communicated with the other party to head to nearest HDB carpark located at Jalan Membinah. to settle this accident.

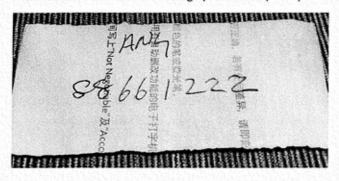
At the carpark, after stepping out of the car the other party came with pen and paper claiming and insisting that we were at fault that we had cut into his lane and demanded us to admit to it & sign a fault declaration. He assured us that this matter will be solved easily as long the fault was admitted by us as he works in CAS Garage Pte Ltd. We brought up that settling this matter would be wiser if it is to be done through insurance companies. With his disagreement and consistent intimidation, he decided to call the Police to report this accident and he falsely reported that it was a hit and run case and require medical attention while we were standing next to him when he was reporting it. That made us doubt his credibility in the previous claim he made as he could blatantly lie to the police even with witnesses' present. We request exchange of particulars, on both side but he refused. After this call was made, an ambulance came shortly to do an assessment on his condition as he claimed that he had back pains.

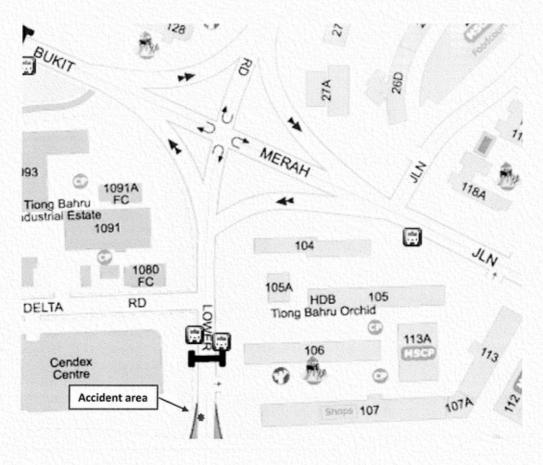
Soon after the ambulance came and assessed his condition, they checked his overall blood pressure and physical form at Blk 118A Jalan Membinah but nothing was diagnosed. After that the paramedics had done their assessment of him, he was discharge with no current condition. He told the paramedics that he would head to a private hospital for further check-up later that day. The ambulance left and within a span of 5 min, the other party drove off without providing any of his particulars showing his uncooperativeness for this matter. The traffic police arrived shortly after the other party drove off. We explained to the traffic police our side of the accident and we informed the traffic police that the driver refused to exchange his particulars, so attaining traffic office contacted the Police operations side to request for his cooperation by driving back to the carpark for a more detailed reporting on the accident.

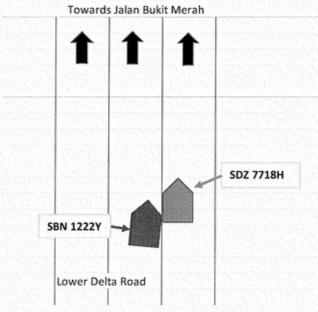
The traffic police approached and requested the driver of car number SBN 1222Y to provide his name and contact no. He provided his name as Mr Ang and his mobile number as 88661222.

The traffic police then took both of our driving licences to record this accident and advised us to settle this through our own insurance as there is no injury noted at that time.

Attached is the dash Camera footage (front & rear) with photos for an appropriate evaluation









Accident Photo







Accident Photo



Accident Photo















