#### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- 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 ability
- 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 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.   |   |
|--|---|
|  | ACCIDENT STATEMENT                                |
| Date Of Report   | 08/08/2016 11:28                                  |
| Date Of Accident   | 06/08/2016 08:30                                  |
| Exact Location Of Accident   | FILTER LANE OF BOON LAY WAY & JURONG EAST CENTRAL |
| Country/State of Loss  | Singapore   |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | SJR8431Z  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | BKW RENT A CAR PTE LTD                            |
| Co Reg No  | 200106276D  |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-96787777                              |
| Alternative Phone No   | Office-67387777                                   |
| Vehicle Particulars  |   |
| Manufacturer   | ТОУОТА  |
| Model  | VIOS-1.5 J (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? | 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   | Yes   |
| Policy Number  | 999995433/100742918                               |
| Cover Note Number  |   |
| Driver   |   |

Name of Driver TAN LI PHENG NRIC No S6807726E Date Of Birth 22/02/1968 Occupation Indoor **Date Of Driving Pass** 11/10/1993

**Driving Experience** 22 Years And 9 Months

Gender Female

Mobile Number (Local) +65-96787777

Fax Number

Contact Number Office-67387777

**EMail Address NOEMAIL**  Address 120 LOWER DELTA ROAD #02-15 CENDEX CENTRE

Postcode 169208

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Other - HIRER

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 (TP Hit Insured)

Weather Conditions Clear Road Surface Dry

**Other Information** 

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 1

**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** 

PLEASE REFER TO THE SKETCH PLAN.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGZ5480U

Vehicle Make/Model/Colour TOYOTA WISH BLACK COLOR

**Details Of Properties** 

Name of Driver AUNIE MULIANI BTE MOHD YUNOS

NRIC/Passport Number S7638966G Contact Number 93887080

Address Postcode

Insurance Company Name AXA Insurance Singapore Pte Ltd

Nature Of Damage

No. Of Passenger (Including Driver) 1

**Details of Witness** 

Name

Phone Number Email Address

#### SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (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")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

| Signature | Sig

| Today 6/8/2016 8-30 am as I was driving along the Boon Lay Way   |
|--|
| 1811 1 Full to 7 Fact Contain  |
| I came to stop to give way to the car coming from the right then I hear a bang sound.                        |
| then I hear a bong sound.  |
| Car SGZ 5480 4 had hit my car SJR 8431Z at the back, A Lady Aunie Mulian; Bte Mohd Yunos with NRIC S7638966G |
| come down from the car   |
| she was told me that issue will be settle with her insurance   |
| So both of us exchanged the Info with picture take and left  |
| the seen.  |
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## Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel









