SVV

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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	26/11/2014 12:19

Date Of Accident 25/11/2014 15:50

Exact Location Of Accident ALONG BALESTIER ROAD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGQ9325G	
Insured/Policyholder		

Name Of Registered Owner OH KAY NEE NRIC No S7322460H

Vehicle Particulars

Manufacturer RENAULT

Model MEGANE-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?

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 2100359804-00000

Cover Note Number

Driver

 Name of Driver
 OH KAY NEE

 NRIC No
 \$7322460H

 Date Of Birth
 30/06/1973

 Occupation
 Indoor

 Date Of Driving Pass
 21/09/2004

Driving Experience 10 Years And 2 Months

Gender Male

Mobile Number (Local) +65-90616072

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 419 YISHUN AVENUE 11#10-375

Postcode 760419

Was driver an employee of the Insured's Company No

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Owner

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

LIGHT RAINS

Road Surface

Wet

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

No Yes

Was any other material or property damaged?

Yes

Was there any video captured by Car Camera?

Nο

Details of Police Action

Was the accident reported to the police?

Yes

If Yes. Please state which Police Station

Police Station Name

Bishan Neighbourhood Police Centre

Police Station Address

ROAD: 20 Bishan Street 23, POSTCODE: 579757, COUNTRY: Singapore

Police Station Contact

TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

No

Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD626E

Vehicle Make/Model/Colour

WHITE HONDA JAZZ 1.4 (A)

Details Of Properties

Name of Driver

UNKNOWN

NRIC/Passport Number

S2633489F

Contact Number

81680001

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

OH KAY NEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGQ9325G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

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SKETCH PLAN

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- 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.

26-11-14 Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time Moulingin Rel Sketch Plan Balestie. Qualit tiat al 13 NOE (SO) KIN A: SGQ 93256 B: SJD 626 E

Sketch Plan Pg.2

Describe Circumstances of the Accident
Refer to Police Report No:
Merch 10 1011 ce report 100
Thomas
T/2014/126/4026
Y

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8

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

Witnessed by Reporting Centre Personnel