### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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	05/04/2019 14:47
Date Of Accident	05/04/2019 07:40
Exact Location Of Accident	BLK 109 JALAN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME2917L
Insured/Policyholder	
Name Of Registered Owner	TAN SENG SOON
NRIC No	S1392191A
Email Address	GIBZ_1990@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90844993
Alternative Phone No	OTHERS-90844993
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI CO
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	1800114612
O N ( N )	

Cover Note Number **Driver** Name of Driver TAN SENG SOON NRIC No S1392191A Date Of Birth 15/05/1959 Occupation **INDOOR** 01/01/1981 **Date Of Driving Pass Driving Experience** 38 YEARS AND 3 MONTHS Gender MALE Mobile Number (LOCAL) +65-90844993 Fax Number **Contact Number** OTHERS-90844993

Address BLK 109 JALAN BUKIT MERAH #02-1746

Postcode

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

0

NO

NO

NO

#### **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?

### **Circumstances of Accident**

ACCIDENT HAPPENED AT APPROXIMATELY 0740 ON 5TH APRIL 2019. LOCATION HAPPEN WAS AT BLK 109 JALAN BUKIT MERAH CARPARK. MY VEHICLE IS SME2917L AND WAS PARKED STATIONARY AT THE CARPARK. THIS WAS WHEN A YELLOW VAN WITH CAR PLATE NUMBER GBG1227X PARKING AT THE RIGHT HAND SIDE OF MY VEHICLE DECIDE TO MOVE OFF. THE LEFT TURN FROM THE VAN WAS DONE TOO EARLY RESULTING IN THE COLLISION TO THE FRONT OF MY VEHICLE.

#### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **GBG1227X** Vehicle Make/Model/Colour YELLOW VAN

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 5. 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 invoive 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.

Policyholder's Signature

Date & Time: 5.4.19

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

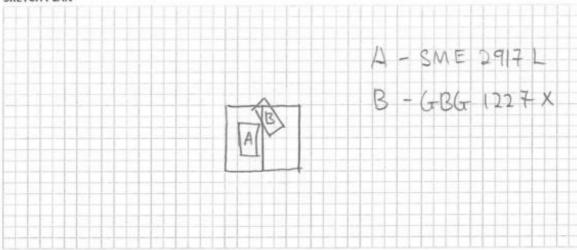
Date & Time:

Reporting Centre Personnel's Signature

Name: Kelvin Khoo

Page 3 of 16

### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened at approximately 0740 on 5th April 2019.
oration happen was at BIK 109 John bukit merah Carpark.
My vehicle was is sme 2917 L and was parked stationary at the
ar park. This was when a yellow van with the cas plate number
1867 1227 X parking at the right hand side of my vehicle decide to
nove off. The left turn, was done too early resulting was in the
ollision to the fant of my vehicle.

DECLARATION

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

Policyholder's Signature Date & Time: 5-4-19 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Kelva Khau NRIC/FIN No.: (元を子らそのコー



















