

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

Date Of Report	08/04/2019 15:19
Date Of Accident	06/04/2019 17:40
Exact Location Of Accident	ALONG BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1430K
Insured/Policyholder	
Name Of Registered Owner	SOH ENG GIM
NRIC No	S6838804Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96784907
Alternative Phone No	Office-96784907

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT-1.5 TURBO VERSION R (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	REPORTING ONLY
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	2100078030-10
Cover Note Number	21/05/2018-20/05/2019

Driver

Name of Driver	ANG SUAT SIAN KAREN
NRIC No	S7244398E
Date Of Birth	27/11/1972
Occupation	INDOOR
Date Of Driving Pass	24/10/2002
Driving Experience	16 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97531879
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 26 BUKIT BATOK EAST AVENUE 2 02-04
Postcode	659920
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

REFER TO THE SKETCH PLAN

Attachment(s)

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

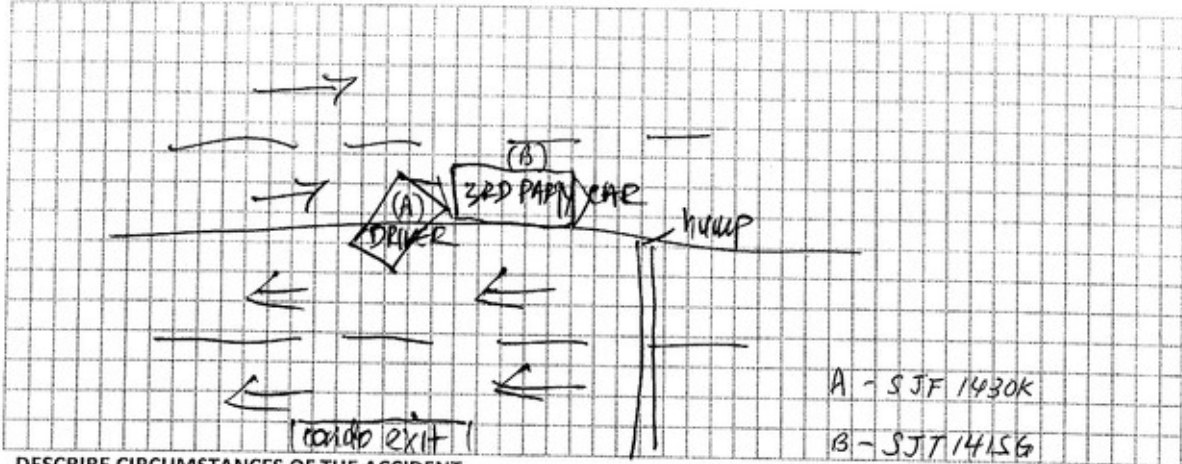
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT1415G
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI WENG YUEN
NRIC/Passport Number	S6872472D

Contact Number	98167862
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting condominium to go to the opposite side of the road. Because there were vehicles coming towards my car, I was in a frenzy.

So I was between both sides of the road looking to my left to make sure all cars are cleared, I started making my way to turn to the right. I did not see the 3rd party car parked at the road, waiting to turn into the condominium.

As a result, my car right bumped into the 3rd party's right bumper behind.

A police officer was just here on the scene and took down our particulars.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 3pm
8/4/19

Reporting Centre Personnel's Signature
Name: Kenneth
Nric/Fin No.

SKETCH PLAN

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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:
 - (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' 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: 8/4/19
3pm

Reporting Centre Personnel's Signature
Name: Kenneth
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7244398E



ANG SUAT SIAN KAREN
(WENG XUEXIAN KAREN)
翁雪仙
Race: CHINESE
Date of Birth: 27-11-1972
Sex: F
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7244398E
Name: ANG SUAT SIAN KAREN
(WENG XUEXIAN KAREN)
Birth Date: 27 Nov 1972
Issue Date: 12 Sep 2003



3241499



NRIC No: S7244398E



Blood Group: O+
Date of Issue: 12-01-2001


APT BLK 26 BUKIT BATOK EAST AVENUE 2 #02-04
SINGAPORE 659920
NRIC No: S7244398E Date: 02/12/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


ISSUE DATE: 24 Oct 2002

Licence No: S7244398E



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6838804Z**





Name
SOH ENG GIM
苏荣锦

Race
CHINESE


Date of Birth
14-10-1968

Sex
M


Country of Birth
SINGAPORE



2157702



NRIC No. **S6838804Z**



Blood Group
O+

Date of issue
20-06-1994

3 BUKIT BATOK EAST AVENUE 2 #02-04
SINGAPORE 659920

NRIC No **S6838804Z** Date: **14/11/2015**

1. Soh Eng Sim, S 6838804/2, Authorized Any Star S.A.S.
Karen, S 7244398E to report the accident on your behalf
involving vehicle SJE 1430K

for Eng Sim

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

