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 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.

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	ACCIDENT STATEMENT
Date Of Report	13/04/2019 14:58
Date Of Accident	12/04/2019 19:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT A/F SIMS AVENUE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD2706H
Insured/Policyholder	
Name Of Registered Owner	CHIN CHEE KUEN
NRIC No	S1202143G
Email Address	CK_CHIN28@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98255854
Alternative Phone No	OTHERS-98255854
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B160
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	2100335924-05
Cover Note Number	
Driver	
Name of Driver	CHIN CHEE KUEN

Name of Driver

NRIC No

S1202143G

Date Of Birth

Occupation

Date Of Driving Pass

CHIN CHEE KUEN

S1202143G

28/09/1956

INDOOR

01/10/1985

Driving Experience 33 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98255854

Fax Number

Contact Number OTHERS-98255854

EMail Address CK CHIN28@YAHOO.COM

5 UPPER BUKIT TIMAH ROAD Address

#03-12

Postcode 588134

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

SIDE SWIPE Type Of Accident 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 NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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 SKETCH PLAN

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKB7613U Vehicle Registration Number Vehicle Make/Model/Colour **CHEVROLET**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



SKETCH PLAN

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- 7. 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)
 - (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 tirms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.

Driver's Signature

(If driver is not the po

Date & Time: / 3

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 12/04/2019 at about 1918 hrs I was travelling along	
PIE town	word Changi Airport past Sims Ave Exit. The Inaffic com	lition
was i	heavy as such I was moving at a slow speed o	on
Jane 2.	. Out of sydden I let a strong impact from the m	ear
of my	y vehicle, I stopped & alighted & found out that Ver	h B.
had .	Mit and the lear driver side of my vehicle. After wi	lich
the dr	liver of Veh B. wrote a note with his particulars state	ng
hat in	it was his fault due to carelessness.	

DECLARATIONI/We declare the foregoing particulars are true in eyery respe

Policyholder's Sikarakure Date & Time

13/4/19

Oriver's Signature (If driver is not the policyholder)
Date & Time: 12 4 19

Deporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Identification Card











LETTER

ASHAARI BIN SAUKUN 572294262 BILL 254 # 11-280 CHOA WHI KANG AVE 2 H/P:97202764

ON 12/64/19 AT ABOUT 1910hm. I WAS TRAVELLING AT PLE TOWARD CHANGET AIRPORT I SUDDENSKY LEEE CONTRON OF MY CAR AND HIT ON TO ARBOTHER MY FAMI OF MY CARELESS.

aifil.

Roll WATER

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