

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	20/04/2019 14:53
Date Of Accident	20/04/2019 10:45
Exact Location Of Accident	THOMSON ROAD BELOW PIE FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY9679D
Insured/Policyholder	
Name Of Registered Owner	SEOW LEE MENG STELLA
NRIC No	S1624383C
Email Address	STELLASEOW2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97354848
Alternative Phone No	OTHERS-97354848

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	1800138146
Cover Note Number	

Driver

Name of Driver	SEOW LEE MENG STELLA
NRIC No	S1624383C
Date Of Birth	20/04/1963
Occupation	INDOOR
Date Of Driving Pass	01/08/1987
Driving Experience	31 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97354848
Fax Number	
Contact Number	OTHERS-97354848
Email Address	STELLASEOW2003@YAHOO.COM.SG

Address	BLK 171 HOUGANG AVENUE 1 #07-1467
Postcode	530171
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : LIM KAI JUN JEREMY GENDER: : MALE

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)

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	SGB3643G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB7578U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name SEOW LEE MENG STELLA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SDY9679D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM KAI JUN JEREMY
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SDY9679D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

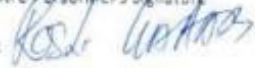
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

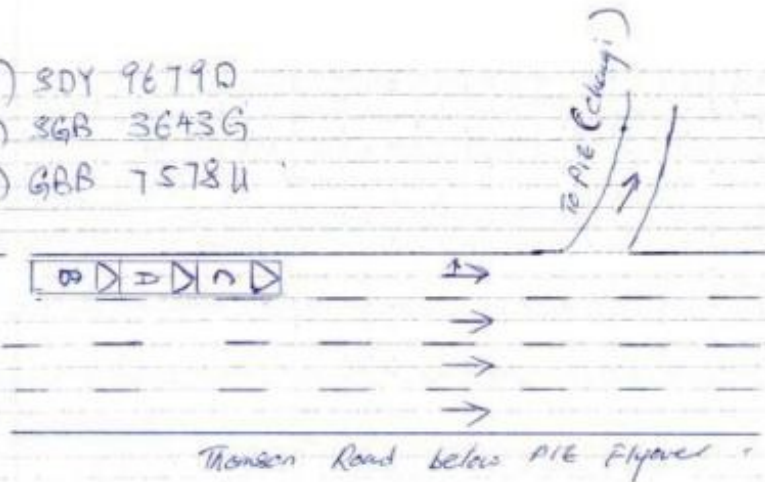

Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

REPORT FORM

- (A) SDY 9679D
- (B) SGB 3643G
- (C) GBB 7578U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/04/19 at 09:15 hrs, I was travelling in my vehicle (SDY 9679D) along Thames Road before slip road to PIE (Changi) on the extreme left lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SGB 3643G) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the van (GBB 7578U) ahead of me.

DECLARATION

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

Signature
 Policyholder's Signature
 Date & Time

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

Signature 20/04/2019
 Reporting Centre Person's Signature
 Name:
 Date & Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1624383C**

Name: **SEOW LEE MENG STELLA**

Birth Date: **29 Apr 1963**

Expiry Date: **12 Sep 2003**

Barcode: **S1624383C**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1624383C**

Name: **SEOW LEE MENG STELLA**

Chinese Name: **蕭麗明**

Gender: **CH FEMALE**

Date of Birth: **29-04-1963**

Country of Place of Birth: **SINGAPORE**

Barcode: **S1624383C**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1: Motor Cars and Motor Tricycles (the weight of which together does not exceed 2000 kilograms)

Valid Date: **01 Aug 1963**

License No. **S1624383C**

Barcode: **S1624383C**

Barcode: **S1624383C**

Signature: **S1624383C**

Date of Issue: **11-01-2019**

Address: **401, BLK 111 HOUSING AVENUE 1
#01-148J
SINGAPORE 150111**