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.

	ACCIDENT STATEMENT			
Date Of Report	04/05/2019 11:56			
Date Of Accident	25/04/2019 15:30			
Exact Location Of Accident	THE WINSTEDT SCHOOL PARKING LOT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKX2530S			
Insured/Policyholder				
Name Of Registered Owner	TEH THUAN KOON			
NRIC No	S7403097A			
Email Address	ALLEN.TEH@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-86936566			
Alternative Phone No	HOME-66508955			
Vehicle Particulars				
Manufacturer	AUDI			
Model	Q7 2.0 TFSI QU			
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				
Cover Note Number				

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Name of Driver LOCHAYA SOPEETIDA

 NRIC No
 \$7360140A

 Date Of Birth
 15/08/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 30/06/2005

Driving Experience 13 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93389895

Fax Number

Contact Number

EMail Address SOPEETIDA@YAHOO.COM

20D WATTEN RISE Address

Postcode 287384

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 - OPENING DOOR OF VEHICLE

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

I WAS PARKED IN THE PARKING LOT OF THE WIHSTEDT SCHOOL, WAITING FOR MY DAUGHTER'S DISMISSAL FROM SCHOOL WHEN I HEARD AND FELT A BANG ON RIGHT SIDE OF MY VEHICLE. I TURNED TO SEE A YOUNG BOY ALIGHTING FROM THE CAR ON OUR RIGHT WITH THE DOOR WIDE OPEN AND THE EDGE TOUCHING OUR CAR. BY THE TIME I EXITED THE CAR TO INVESTIGATE, I COULD ONLY SEE THE BOY AND AN ADULT WOMAN WALKED QUICKLY TOWARDS THE SCHOOL BUILDING FROM THE CAR.I FOLLOWED INTO THE BUILDING RECEPTION BUT THEY WERE NO WHERE TO BE FOUND. WE THEN ASKED THE SCHOOL TO HELP US LOCATE THE OWNER OF THE VEHICLE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS7272C

Vehicle Make/Model/Colour MERCEDES BENZ/E350

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

AIG ASIA PACIFIC INSURANCE PTE. LTD. Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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:
 - 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:

1

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: St Www y 11/4 NRIC/FIN No.: S 84/02602

281100

SKETCH PLAN		
	School Fayor / Recurrian	
PESCRIBE CIRCUMSTANC	SXX 2 730 S (24	
	in the parking lot of the Whatedt School,	10 M.I
TO my daught	Its dismissal from school, when I heard a	nd felt
a bang on rig	nt side of my vehicle. I turned to see,	a you
boy with alighting	knows the car on our right with the door	wide
open and the	edge touching our car. By the time I ex	cited
the car to inv	estigate. I could only see the boy and an	adult
T followed into	quickly towards the school building from the	e car.
to be found	the building reception but they were no w	here
the owner of	the vehicle	J locat
LARATION e declare the foregoing partie	ulars are true in every respect.	
A - I or Egonig partie	ulars are true in every respect.	100
)EE
yholder's Signature	Driver's Signature Reporting Centre Personnel's Si	A Long Long

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:

























