SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

	ACCIDENT STATEMENT
Date Of Report	03/05/2019 14:27
Date Of Accident	02/05/2019 13:15
Exact Location Of Accident	BLK 147 TAMPINES AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLA8434G
Insured/Policyholder	
Name Of Registered Owner	CHUA HOCK THIAM ELVIS
NRIC No	S1602365E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83231110
Alternative Phone No	Office-83231110
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800115486
Cover Note Number	
Driver	
Name of Driver	CHUA BOON CHYE, BENJAMIN (CAI WENCAI)
NRIC No	S8730925H
Date Of Birth	06/10/1987

OUTDOOR

01/02/2012

7 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-83231110

Fax Number

Contact Number OFFICE-83231110

EMail Address NOEMAIL

BLK 526A PASIR RIS STREET 51 Address

#02-501

Postcode 511526 NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **RELATIVE**

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

2

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 GX7603E

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name CHUA BOON CHYE, BENJAMIN (CAI WENCAI)

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode SLA8434G

YES

NO

Accident Sketch Plan

SKETCH PLAN

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- 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 occident and the insurers' (awyers/taw firms, may/are permitted to collect, uso, disclose and/or process my Personal information for one or more of the above Purposes; and
- (5) my Personal Information may/ran 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.
- (a) my Perional 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 coins.
- (e) the information ap collected under (c) above may be shared / disclosers
 - (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

(i) for complying with requirements under any regulations, laws or court orders.

Policyholders Signature Date & Timer Other's Signature (If driver is not the palloyholder) Date & Time: Reporting Centre Person Name: NRIC/FIN No.: travelling on the above mentioned driveway behind

Vehicle (B) and came to a stop while giving way

to vehicle (B) to make a reversing parking outo

the parallel parking lot on the Right side road. When

Vehicle (B) had entered into the Car Park lot, as

such I proceed forward. While doing so, vehicle (B) made

a quick left turn cut from the lot without proper lookout

and without cautions hence collided onto my Front Right Portion of my Vehicle (H) causing damages to my Vehicle.

Note: Please note that your insurer may have 14 days the frame for you to submit an Own Damage Claim

under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

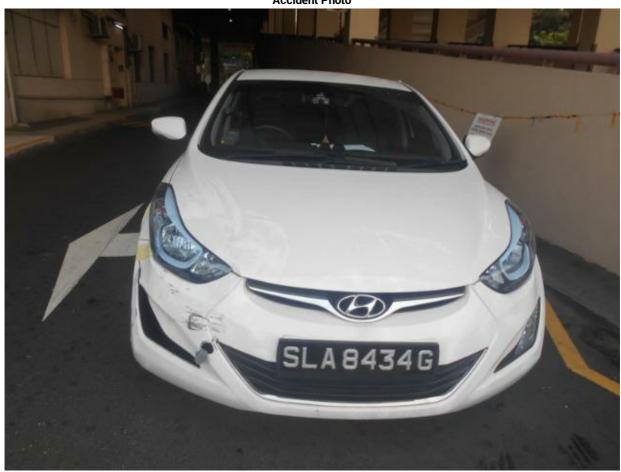
Policyholder's Signature Date & Time:

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

Reporting Centre Personne Names NRIC/FIN No.s

o Personne Canature

Change of the Parties As

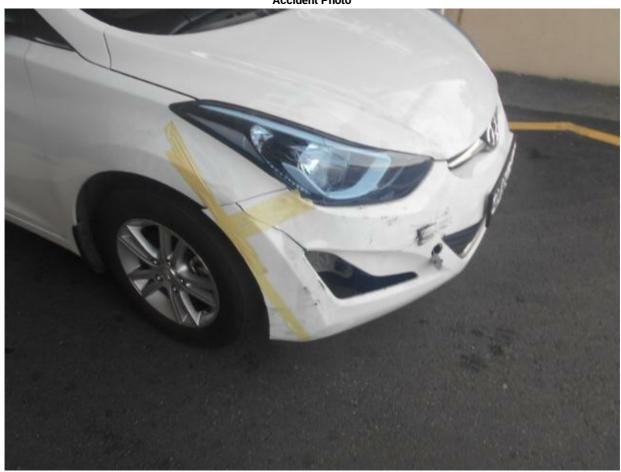


















Accident Photo



Accident Photo



