SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 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.

Date Of Accident 02/05/2019 07:30 Exact Location Of Accident 6 BOON LAY AVE Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner LIU LILI NRIC No \$7000000E Email Address LLIUSG@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-98189799 Alternative Phone No MAZDA Wehicle Particulars MAZDA Monufacturer MAZDA Model 3-1.5 (A) Exact Purpose for which vehicle was being used at time of accident PERSONAL USE YES *** If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900007212 Cover Note Number ***Dimonofity Proposition** Driver LIU LILI NRIC OF Birth	7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 02/05/2019 07:30 Exact Location Of Accident 6 BOON LAY AVE Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner LIU LILI NRIC No \$7000000E Email Address LLIUSG@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-98189799 Alternative Phone No MAZDA Wehicle Particulars MAZDA Monufacturer MAZDA Model 3-1.5 (A) Exact Purpose for which vehicle was being used at time of accident PERSONAL USE YES *** If No, Please state action to be taken YES Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900007212 Cover Note Number ***Dimonofity Proposition** Driver LIU LILI NRIC OF Birth		ACCIDENT STATEMENT
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Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMG5942H Insured/Policyholder Name Of Registered Owner LUU LILI NRIC No S7080800E Email Address LLIUSGGYAHOO.COM.SG Mobile Phone No (LOCAL) +65-98189799 Alternative Phone No Office-NOPHONE Vehicle Particulars Manufacturer MAZDA Model 3-1.5 (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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900007212 Cover Note Number Driver Name of Driver LIU LILI NRIC No S7080800E Date Of Birth 03/05/1970 Occupation INDOOR	Date Of Accident	02/05/2019 07:30
Vehicle Registration Number SMG5942H Insured/Policyholder Name Of Registered Owner LIU LILI NRIC No S7080800E Email Address LLIUSG@YAHOO.COM.SG Mobile Phone No (LOCAL) +65-98189799 Alternative Phone No Office-NOPHONE Vehicle Particulars Manufacturer MAZDA 3-1.5 (A) Exact Purpose for which vehicle was being used at lime of accident accident surine of accident surine of secident surine sur	Exact Location Of Accident	6 BOON LAY AVE
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Name of Driver LIU LILI NRIC No S7080800E Date Of Birth 03/05/1970 Occupation INDOOR	Cover Note Number	
NRIC No \$7080800E Date Of Birth 03/05/1970 Occupation INDOOR	Driver	
Date Of Birth 03/05/1970 Occupation INDOOR	Name of Driver	LIU LILI
Occupation INDOOR	NRIC No	S7080800E
	Date Of Birth	03/05/1970
Date Of Driving Pass 08/10/2009	Occupation	INDOOR
	Date Of Driving Pass	08/10/2009

9 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98189799

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address LLIUSG@YAHOO.COM.SG

Address 314 JURONG EAST STREET 32 #07-229

Postcode 600314 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 COLLISION - CHANGE/CROSS LANE

2

NO

NO

NO

1

NO

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?

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.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **BUS**

Name of Driver

NRIC/Passport Number

Contact Number

PA9871Z

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

Sketch Plan

SKETCH PLAN

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.
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- 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.
- The 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.
- 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) 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:

au 19

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

2 May 19

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARNIC StatchPlant com_V3

SKETCH PLAN		
ESCRIBE CIRCUMS	TANCES OF THE ACCIDENT	HOENCE DI ATE NO. C
	> 4404 10	LICENSE PLATE NO: SMG59421
	2 May 19.	CONTACT NUMBER: 92139 799
ACCIDENT TIME:	7 = 30 am.	EMAIL: liusg@yahocom.
LOCATION:	6 Boon Lay Ave.	0 /
	A Me	
	S1QΣ .	
OTE: PLEASE NOTE THAT		AME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN F
	PLEASE CHECK YOUR P	OLICY FOR MORE INFORMATION
EASE STATE:	MCLAIM OWN POLICY () CLAIM 1	THIRD PARTY ()REPORTING ONLY
CLARATION /e declare the foregoi	ng particulars are true in every respect.	
icyholder's Signature	Deluge's Clauston	
e & Time:	Driver's Signature (If driver is not the policy	Reporting Centre Fersonnel's Signature
	Date & Time:	holder) Name: NRIC/FIN No.:
2 May 19	· ·	NHICFIN NO.:

Accident Photo





















