

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	23/05/2019 18:13
Date Of Accident	23/05/2019 09:05
Exact Location Of Accident	JUNCTION AT OLD JURONG RD & UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH756M
Insured/Policyholder	
Name Of Registered Owner	PEH WEE HOON
NRIC No	S1765138B
Email Address	ROSPWH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98575859
Alternative Phone No	Home-65616610

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI MU
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?	YES
If No, Please state action to be taken	
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	2100211119-09
Cover Note Number	

Driver

Name of Driver	CHAI HAN LONG
NRIC No	F1801393L
Date Of Birth	16/03/1964
Occupation	INDOOR
Date Of Driving Pass	04/04/2007
Driving Experience	12 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91133876
Fax Number	
Contact Number	
E-Mail Address	OLEXHLCHAI@GMAIL.COM
Address	BLK 209 BUKIT BATOK STREET 21 #09-170
Postcode	650209
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 - HEAD TO REAR
Weather Conditions	JUST AFTER THE RAIN
Road Surface	WET

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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING FROM OLD JURONG ROAD TOWARDS, UPPER BUKIT TIMAH ROAD. AS I WAS APPROACHING THE JUNCTION TO MAKE A LEFT TURN, I SAW A WHITE BMW (SLU1400U) IN STOPPED THE JUNCTION. I APPLIED MY BRAKES BUT MY CAR STILL WENT FORWARD (THE RAIN JUST CLEARED AND THE ROAD WAS WET). I THEN HIT SLU1400U.

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	SLU1400U
Vehicle Make/Model/Colour	BMW/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS CHATTERWEA KALYANI

NRIC/Passport Number	S2222222H
Contact Number	96678692
Address	97 CASHEW ROAD #08-03
Postcode	679668
Insurance Company Name	Liberty Insurance Pte Ltd
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:
 - (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:

23/5/19
4:45pm


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

Date & Time:

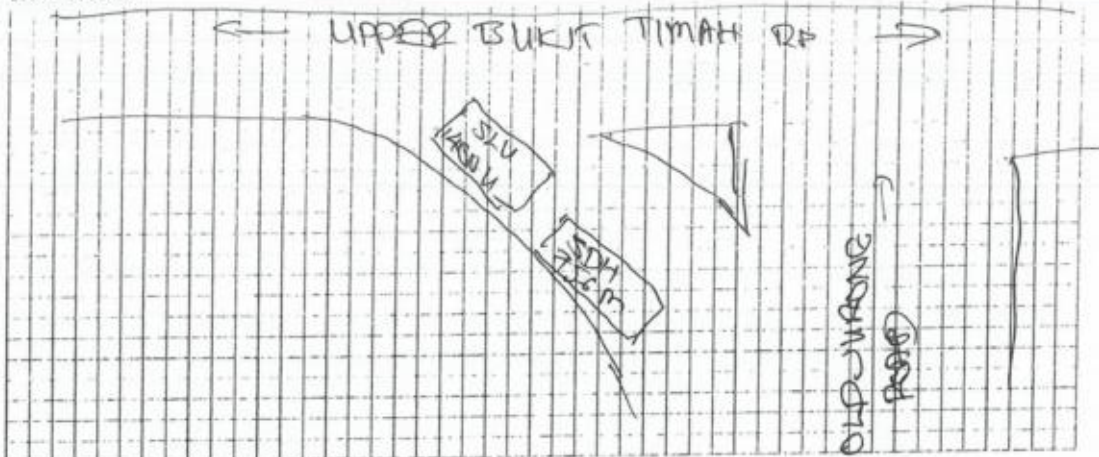
23/5/19
4:45pm


Reporting Centre Personnel's Signature

Name: WONG KHONG SENG Sgn
NRIC/FIN No.: G19811452



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from ^{old} Jung Road toward Upper Bukit Timah Road. As I was approaching the junction to make a left turn, I saw a white ~~whiff~~ BMW (SUH 1400 U) in stopped the junction. I applied my brakes but ~~the~~ my car still went forward (The rain just cleared and the road was wet.) I then hit SUH 1400 U.

DECLARATION

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



Policyholder's Signature

Date & Time:

23/5/19

4.45pm.



Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/05/19

4.45pm



Reporting Centre Personnel's Signature

Name: WONG KENG SENG, Guy

NRIC/FIN No.: G29871434



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

