## 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 aforesaid

Date Of Accident 23/05/2019 07:35 Exact Location Of Accident RGHT FILTER LANE AT JNCT OF SENG KANG EAST & CMPV Country/State of Loss SINGAPORE	7. by the loagement of this report to the insurers, you nereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 23/05/2019 07:35 Exact Location Of Accident RGHT FILTER LANE AT JNCT OF SENG KANG EAST & CMPV Country/State of Loss SINGAPORE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLW9176D  Insured/Policyholder  Name Of Registered Owner NRIC No S8720259C  Mobile Phone No (LOCAL) +65-81136785  Vehicle Particulars  Wanufacturer MAZDA  MAZDA MAZDA  MAZDA MAZDA MAZDA  MAZDA MAZDA  MAZDA MAZDA  MA	Date Of Report	24/05/2019 17:06
Defaults of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Vehicle Registered Owner  Vehicle Pone No  Vehicle Phone No  Vehicle Particulars  Vehicle Particulars  Vehicle Particulars  Very Underwich Vehicle was being used at time of accident  Very Our capair to your wehicle?  If No, Please state action to be taken  Vehicle Category  No  No  REPORTING ONLY  Vehicle Category  No  No  No  No  No  No  No  No  No  N	Date Of Accident	23/05/2019 07:35
DETAILS OF OWN VEHICLE  Wehicle Registration Number  SLW9176D  Insured/Policyholder  Name Of Registered Owner  NEIC No S8720259C Email Address JERYLHENG87@GMAIL.COM (LOCAL) +65-81136785  Alternative Phone No (LOCAL) +65-81136785  Wehicle Particulars  Wanufacturer MAZDA MAZDA Model MAZDA Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  No Policy Number Cover Note Number  Driver  Name of Driver  NENG YUAN RONG NEIC YUAN RONG NE	Exact Location Of Accident	RGHT FILTER LANE AT JNCT OF SENG KANG EAST & CMPV
Nehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No  S8720259C  Email Address  JERYLHENG87@GMAIL.COM  Mobile Phone No  (LOCAL) +65-81136785  Alternative Phone No  Others-81136785  Vehicle Particulars  MazDA  Model  Exact Purpose for which vehicle was being used at lime 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  No  Policy Coverage  Fleet Policy  No  Policy Number  Joyen Coverage  Fleet Policy  No  Policy Number  Joyen Same of Driver  Name of Driver  NEN  NEN  NEN  NEN  NEN  NEN  NEN  N	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner NRIC No S8720259C Email Address JERYLHENG87@GMAIL.COM Mobile Phone No (LOCAL) +65-81136785 Alternative Phone No Others-81136785  Vehicle Particulars  Manufacturer Manufacturer Manufacturer MazDA Model MazDA Model MazDA 2 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 No		DETAILS OF OWN VEHICLE
Name Of Registered Owner  NRIC No  S8720259C  Email Address  Mobile Phone No  (LOCAL) +65-81136785  Alternative Phone No  Others-81136785  Alternative Phone No  Webicle Particulars  MAZDA  Model  MAZDA  Model  MAZDA 2  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  Webicle Category  Neme of Insurance Company  Name of Insurance Company  Alia ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage  Comprehensive  Comprehensive  Comprehensive  Comprehensive  No  1800038607  Driver  Neme of Driver  Neme	Vehicle Registration Number	SLW9176D
SRT20259C Email Address JERYLHENG87@GMAIL.COM Mobile Phone No (LOCAL) +65-81136785 Alternative Phone No Others-81136785  Vehicle Particulars Manufacturer MazDA Model MazDA MazDA 2 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 REPORTING ONLY Vehicle Category RINATE CAR Insurance Company Name of Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NEIC No S8720259C	Insured/Policyholder	
Email Address JERYLHENG87@GMAIL.COM Mobile Phone No (LOCAL) +65-81136785 Alternative Phone No Others-81136785  Wehicle Particulars  Manufacturer MAZDA MAZDA Model MAZDA 2  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 REPORTING ONLY Wehicle 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  Driver  Name of Driver	Name Of Registered Owner	HENG YUAN RONG
Mobile Phone No Alternative Phone No Others-81136785  Wehicle Particulars  Manufacturer Model 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 Wehicle Category PRIVATE CAR  Name of Insurance Company Name of Insurance Company Alig ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy Policy Number Cover Note Number  Driver  Name of Driver	NRIC No	S8720259C
Alternative Phone No  Vehicle Particulars  Manufacturer  Model  MAZDA  MazDA  MazDA 2  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  Nehicle Category  No  MazDA 2  REPORTING ONLY  PRIVATE CAR  Masurance Company  Name of Insurance Company  AlG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage  Comprehensive  Fleet Policy  No  Policy Number  Cover Note Number  Driver  Name of Driver  HENG YUAN RONG  S8720259C	Email Address	JERYLHENG87@GMAIL.COM
Wehicle Particulars  Manufacturer Model MAZDA 2  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 Wehicle Category REPORTING ONLY 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  Driver  Name of Driver HENG YUAN RONG NRIC No S8720259C	Mobile Phone No	(LOCAL) +65-81136785
Manufacturer MAZDA Model MAZDA 2  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 REPORTING ONLY Wehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800038607  Cover Note Number  Driver  Name of Driver HENG YUAN RONG S8720259C	Alternative Phone No	Others-81136785
Model 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 Wehicle Category Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver HENG YUAN RONG S8720259C	Vehicle Particulars	
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  REPORTING ONLY  PRIVATE CAR  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NENG YUAN RONG  NRIC No  S8720259C	Manufacturer	MAZDA
Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  PRIVATE CAR  REPORTING ONLY  REPORT ONLY  REP	Model	MAZDA 2
for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  PRIVATE CAR  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  HENG YUAN RONG  S8720259C	Exact Purpose for which vehicle was being used at time of accident	
Vehicle Category  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  1800038607  Cover Note Number  Driver  Name of Driver  HENG YUAN RONG  S8720259C	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number 1800038607 Cover Note Number  Driver Name of Driver HENG YUAN RONG NRIC No S8720259C	If No, Please state action to be taken	REPORTING ONLY
Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE Fleet Policy  NO Policy Number  1800038607  Cover Note Number  Driver  Name of Driver  HENG YUAN RONG  NRIC No S8720259C	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800038607 Cover Note Number  Driver Name of Driver HENG YUAN RONG NRIC No S8720259C	Insurance Company	
Fleet Policy Policy Number 1800038607 Cover Note Number  Driver Name of Driver HENG YUAN RONG NRIC No S8720259C	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 1800038607  Cover Note Number  Driver  Name of Driver HENG YUAN RONG  NRIC No S8720259C	Type Of Coverage	COMPREHENSIVE
Cover Note Number  Driver  Name of Driver HENG YUAN RONG  NRIC No S8720259C	Fleet Policy	NO
Driver Name of Driver HENG YUAN RONG NRIC No S8720259C	Policy Number	1800038607
Name of Driver HENG YUAN RONG NRIC No S8720259C	Cover Note Number	
NRIC No S8720259C	Driver	
	Name of Driver	HENG YUAN RONG
Date Of Birth 23/06/1987	NRIC No	S8720259C
	Date Of Birth	23/06/1987

**INDOOR** 

04/01/2008

11 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81136785

Fax Number

Contact Number OTHERS-81136785

EMail Address JERYLHENG87@GMAIL.COM

Address 684D EDGEDALE PLAINS

#13-669

Postcode 824684
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

verificie -

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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

NO

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?

If Yes, against whom?

**Circumstances of Accident** 

### inct whom?

# REFER TO SKETCH PLAN AND 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 SLU314S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ANAUTHARAMAN BABU

NRIC/Passport Number S2729163E

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

87256311

### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
- 8. 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" [awyers/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 enquirles by me;
  - (iv) administering my claims fincluding 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")
- 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:
  - 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:

Name: NRIC/FIN No.

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	11/201110
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	and filthma
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the damages and exchanged deducts. The drive in	enthand that he inhall be
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ECLARATION	1 19
We declare the foregoing particulars are true in every respect.	1 (245)
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Meyholder's Signature Driver's Signature Repe	orting Country Perspendell's Shanature
te & Time; (If driver is not the policyholder) Nagh	e: 11000
24 WAY 2011 Date & Time: NRIC	TIM NO.:

SKETCH PLAN

## **Accident Photo**

















