

## 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	29/05/2019 15:31
Date Of Accident	28/05/2019 20:55
Exact Location Of Accident	LOADING/UNLOADING LOTS , BLK 345 ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM21L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SEOW LENG
NRIC No	S1763711H
Email Address	TUCKCHEUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96455713
Alternative Phone No	OTHERS-92741170

### Vehicle Particulars

Manufacturer	BMW
Model	X3 XDRIVE30I LED NAV HUD MSPT
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA340931
Cover Note Number	

### Driver

Name of Driver	TENG TUCK CHEUN, GARY
NRIC No	S1463091J
Date Of Birth	03/10/1961
Occupation	INDOOR
Date Of Driving Pass	17/09/1982
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92741170
Fax Number	
Contact Number	
Email Address	TUCKCHEUN@GMAIL.COM

Address	370H ALEXANDRA ROAD #08-05
Postcode	159961
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	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN SEOW LENG GENDER: : FEMALE

#### 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

REFER TO ATTACHED

#### 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	SJE7691P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	NO OBVIOUS DAMAGE
Vehicle Category	PRIVATE CAR
Name of Driver	AARON
NRIC/Passport Number	
Contact Number	90885707
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29-5-2019  
1 PM

  
Reporting Centre Personnel's Signature  
Name: Anna  
NRIC/FIN No.:



# Sketch Plan #2

## SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

photographs as a pre-emptive measure

On 28th May 2019, 8.50pm I was driving to attend a friend's mother's funeral wake held at BLK 345 Ang Mo Kio Ave 3. On arrival, I wanted to park at the curb to ascertain that it is the correct wake before I parked at the MSCP nearby. There is three parking lots at the curb, one lot reserved for handicap driver and two loading and unloading lots. The other car involved in this incidence was parked at the first lot, the handicap lot was vacant. I was parked at the second lot in front of the car (SJE 7691P). After ascertained that the venue of the wake, I drove off the driver of SJE 7691P came running towards my car and claimed that I have reversed into his car. When we went to the car and on inspection there was no damage to both cars' bumpers. I have gone through my in-car camera footage and there is no event recording. Performance motor has checked and find no problem with my car reverse-sensor. The driver claimed that he intend to send his car to the workshop for thorough inspection.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28-5-2019

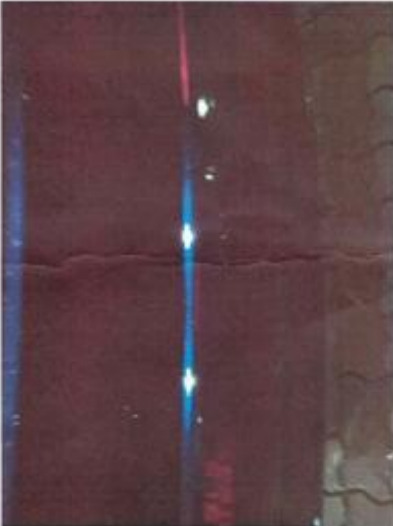
Reporting Centre Personnel's Signature  
Name: Anna  
NRIC/FIN No.:



Sketch Plan #3

EMAIL  
Back  
Bumper

Incidence e Curb side  
Blk 345 Ang mobile  
Ave 3. Approximate  
8.55 pm



EMAIL  
Back  
Bumper



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

