

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	15/06/2019 19:19
Date Of Accident	14/06/2019 21:20
Exact Location Of Accident	BEATTY LANE CARPARK B0022 CAR PARK LOT# 5A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5355E
Insured/Policyholder	
Name Of Registered Owner	WEE CHEW KWANG
NRIC No	S2504260C
Email Address	ADMIN@CHOOKONG.COM.SG
Mobile Phone No	(LOCAL) +65-98198210
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.2 (A)
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	THIRD PARTY
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	1800018551
Cover Note Number	

Driver

Name of Driver	WEE CHEW KWANG
NRIC No	S2504260C
Date Of Birth	05/06/1953
Occupation	INDOOR
Date Of Driving Pass	09/06/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198210
Fax Number	
Contact Number	OFFICE NOPHONE

Address	10 HOUGANG ST 32 #01-27 SINGAPORE
Postcode	534037
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DARK
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?	
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)	0

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

AS I WAS GOING TO MY CAR PARKED AT THE BEATTY LANE CARPARK LOT 5A, I SAW A TAXI (SHC7665A) TURNING LEFT HIT A BICYCLE BESIDE MY CAR AFTER HIT THE TAXI REVERSE CAUSING THE BICYCLE TO FALL AT THE SIDE OF MY CAR DOOR THEN AFTER THAT THE BICYCLE DRIVER JUST GO AND THE TAXI DRIVER SAID GO TO MAKE ACCIDENT REPORT.

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	SHC7665A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:			Time :
Date of Accident:	14/06/19		Time : 21:20
Exact Location of Accident:	BEATTY LANE CARPARK B0022		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	LN555E	Name of Registered Owner :	WEE CHEW KWANG
NRIC/Passport No./FIN:	S2504260C	Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer :	KIA	Model:	SCORPIO
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1800018557		
Driver when the Accident Happen			
Name of Driver:	WEE CHEW KWANG		NRIC/Passport/Fin No : S2504260C
Date of Birth:	65/06/1953	Occupation :	DIRECTOR
Date of Driving Pass:	09/06/1996	Gender :	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98198210	Home No.:	
Address:	10 HUI GAN ST 32 #01-27 (S)		Postal Code 534037
Email Address :	admin@chookong.com.sg		
Was the Driver an Employee of the Insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured OWNER		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company :			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident :	DAMAGE whilst PARKED		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others, please specify DARK		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of Passengers(Including Driver) : 0
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was there any video captured by your Camera? : NO
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was there any audio recording? : NO
Which Police Station:			
Was notice of Intended Prosecution given :			
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SHC 765A		Name of Registered Owner :
NRIC/Passport No./FIN:	Company Reg. No.(for Company Veh):		
Name of Driver :			NRIC/Passport/Fin No :
Mobile No.:	Home No.:		
Address:	Postal Code		
Email Address :			
Insurance Company :			
Details of Passenger if any			
Passenger Name:			
Contact Number:			
Gender			
Details of Injured Person			
Name :	Age :		
Address			
Injured Sustained :	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKETCH PLAN

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7. 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:
 - (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: 20/6/19
10.45 am

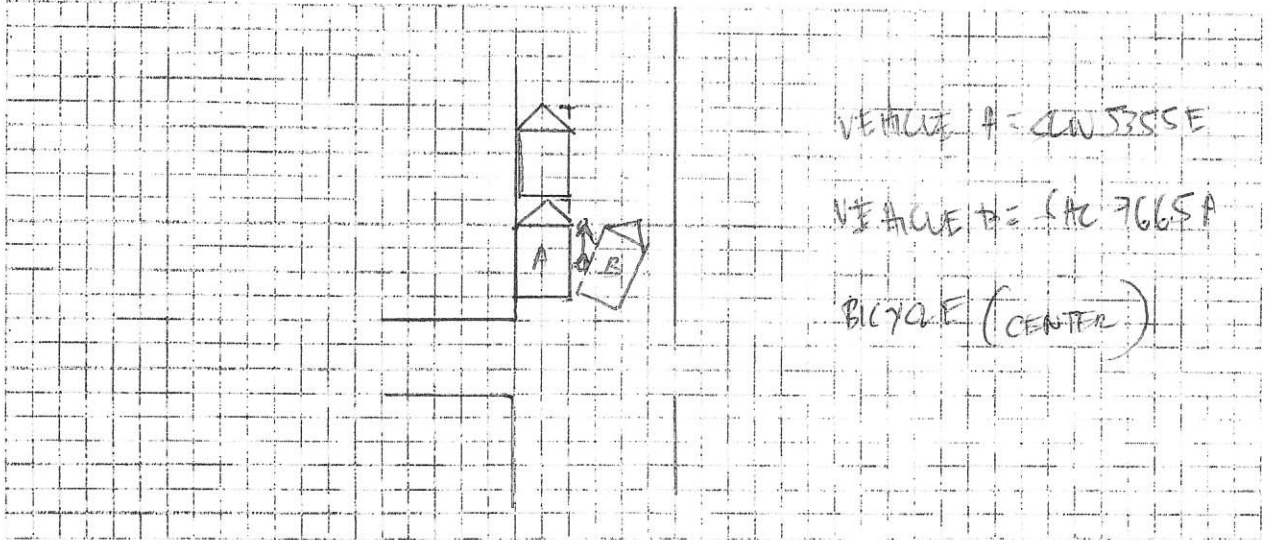
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature
Date & Time: 20/6/19

9.10.19.145

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

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

