Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/07/2019 13:45

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

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/07/2019 13:08
Date Of Accident	20/06/2019 18:45
Exact Location Of Accident	ALONG SLIP ROAD OF XILIN AVE TOWARDS UPP CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1050G
Insured/Policyholder	
Name Of Registered Owner	MR GOH TECK CHWEE
NRIC No	S7811860A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91838883
Alternative Phone No	Office-91838883
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	
Cover Note Number	
Driver	
Name of Driver	KHONG FAN JI
NRIC No	S8584751A
Date Of Birth	11/04/1985

INDOOR

08/03/2004

15 YEARS AND 3 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81633529

Fax Number

Contact Number

EMail Address NOEMAIL

45 LOR 5 TOA PAYOH Address

11-151

Postcode 310045 NO

Was driver an employee of the Insured's Company

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 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

NO

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) 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?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE 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

SLJ137U

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN	
OWN VEHICLE NUMBER (A): SLS/050 9	
OTHER VEHICLE/S NUMBER (B): SW/37V	
PIXXE SEE STOW	
THE SECTION OF THE SE	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
LOCATION OF ACCIDENT: AT SUP ROAD OF XILIN AVE TOWARDS UPPER CHANG	2 15 511
DATE OF ACCIDENT: DO LOCAL COLOR TIME OF ACCIDENTS	1 KOAD EAST
DATE OF ACCIDENT: 20/06/2019 TIME OF ACCIDENT: 1844 HRS	
PASSENGER/S NAME AND GENDER (IF ANY): 01 DRIVER ONLY	
DESCRIPTION OF WHAT HAPPENED:	
AT SUP ROAD OF XILIN AVE TOWARDS UPPER CHANGI ROAD EAST	SLT 13711
WAS IN FRONT OF SUSIOSOG. SLJ 1374 WAS JOINING UPPER	
EAST FROM THE SUP ROAD FROM XILIN AVE SHODENLY B	
SLS1050G DRIVER CONFIRMED THAT STIRZED HAS STADTE	n Ta Marie
SLS1050G DRIVER CONFIRMED THAT SIJISTU HAS STARTE	D 10 MAVE
BEFORE TURNING TO LOOK OUT FOR TRAFFIC FROM THE A	GONT SIDE.
UNKNOWNLY THAT SLJ137U SUDDENLY BRAKED, SLS1050	G DRIVER
WAS TOO LATE AT BRAKING/STOP IN TIME, HENCE, THE FR	ONT BUMPER
OF SISIOTOG TOUCHED THE REAR BUMPER OF SLJ13:	74. MALE
PASSENGER OF SIJ1374 STEPPED UP TO INSPECT FOLLOWED	BY BOTH
DRIVER OF SLJ 1374 AND SLS1050G, CONTACTS WERE EXC	HANGED .
AS SIS 1050G WAS SUPPOSED TO HAVE "ADVANCED SMART CT	TY BRAKE.
Support " Function, NOT SURE IF THIS FUNCTION IS WORKIN	JO PROPERIM
AS PER MAZDA DOC TE-2017 EDITION.	
REPORT FILE ON, AIG. MOBILEAPP WITH REF. NO. WSVC19001301 ON S	NA FASO PINNEL
DECLARATION	
We declare the foregoing particulars are true in every respect.	
As I	2
olicyholder's Signature Driver's Signature Reporting Centre Personne	l's Signature
ate & Time: 01/07/3019 (If driver is not the policyholder) Name: NRIC/FIN No.:	
IARMC SketchPlanForm_V3	2

GIARMC SketchPlanForm_V3

SKETCH PLAN

IMPORTANT NOTICE

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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) | understand, acknowledge, agree and consent that:
 - 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
 - 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 Signatur

Date & Time: 01/07/2019

Driver's Signature

(If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

GIARMC SketchPlanForm V3







Accident Photo









