SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT	
Data Of Danast		
Date Of Applicant	20/06/2019 08:45	
Date Of Accident	19/06/2019 15:35	
Exact Location Of Accident	SLIP RD FROM UPPER SERANGOON RD SINGAPORE	
Country/State of Loss		
	DETAILS OF OWN VEHICLE	
/ehicle Registration Number	SDU6891Y	
Insured/Policyholder		
Name Of Registered Owner	CHEW ENG ENG MRS.TAN HENG MENG	
NRIC No	S0204059Z	
Email Address	HMTAN128@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-81386866	
Alternative Phone No	Office-81386866	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	QASHQAI-1.2 (A)	
Exact Purpose for which vehicle was being used at ime of accident		
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
f No, Please state action to be taken		
/ehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Гуре Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100490512-02	
Cover Note Number		
Driver		
Name of Driver	TAN HENG MENG	
NRIC No	S0207841D	
Date Of Birth	16/08/1954	

INDOOR

11/10/1979

39 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81386866

Fax Number

Contact Number

EMail Address HMTAN128@GMAIL.COM

Address 22 YIO CHU KANG TERRACE

Postcode 545491

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 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER ATTACH

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded?

NO

2

NO

NO

YES

NO

1

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category Name of Driver WONG LENG KEAT

NRIC/Passport Number

Contact Number

GBD3944L

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: SDU 68917

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Veh No: Hp: Pax: Driver Name: DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: (If driver is not the policyholder) Pax: Driver Name: Reporting Centre Personnel's Signature Name:	SKETCH PLAN		/ .2
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GIARMC SketchPlanForm_V3

June 20, 2019

22 Yio Chu Kang Terrace Singapore 545491

Authorised Representative AIG Asia Pacific Insurance Pte. Ltd.

Dear Sir,

Authorisation Letter

I, Chew Eng Eng (holder of NRIC S0204059Z), hereby authorised my husband, Tan Heng Meng (holder of NRIC S0207841D), to act on my behalf on the following matters related by car (registration number SDU6891Y):

- · Accident reporting;
- · Insurance claim; and
- · Repair for the car.

Thank you.

Sincerely,

Chew Eng Eng

Registered Owner of SDU6891Y

Accident Photo



Accident Photo



Accident Photo











TP VEH

