### 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 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

|                             | ACCIDENT STATEMENT               |  |
|-----------------------------|----------------------------------|--|
| Date Of Report              | 04/07/2019 17:33                 |  |
| Date Of Accident            | 04/07/2019 07:55                 |  |
| Exact Location Of Accident  | JING SHAN PRIMARY SCHOOL CARPARK |  |
| Country/State of Loss       | SINGAPORE                        |  |
|                             | DETAILS OF OWN VEHICLE           |  |
| Vehicle Registration Number | SLZ754D                          |  |

Insured/Policyholder

PEH YEW MENG Name Of Registered Owner NRIC No S7029311J

PEH-YEW-MENG@MOE.EDU.SG **Email Address** 

Mobile Phone No (LOCAL) +65-97614860 Alternative Phone No OTHERS-97614860

**Vehicle Particulars** 

AUDI Manufacturer

Model A3 SEDAN 1.0 TFSI

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 1800042841

Cover Note Number

Driver

Name of Driver PEH YEW MENG NRIC No S7029311J Date Of Birth 30/08/1970 Occupation INDOOR **Date Of Driving Pass** 08/11/2008

**Driving Experience** 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97614860

Fax Number

Contact Number OTHERS-97614860

**EMail Address** PEH-YEW-MENG@MOE.EDU.SG Address 58 HUDDINGTON AVENUE

Postcode 557628

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSU1863 (TANKER)

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? 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?

YES

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD , POSTCODE: 409014 , COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

REFER TO POLICE 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 JSU1863

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TANKER

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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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:
  - (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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Lawn Kha

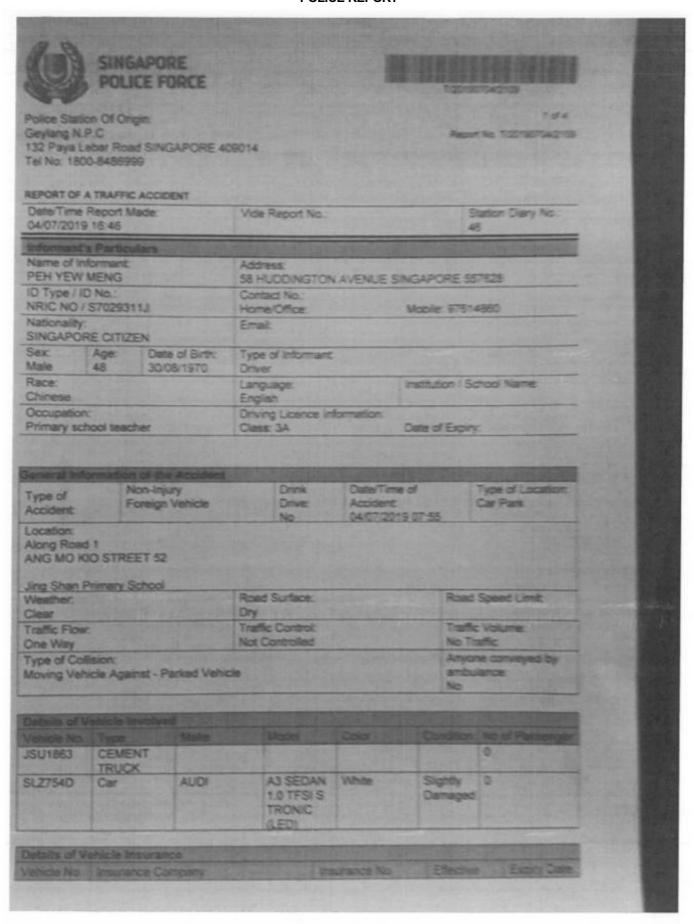
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GIARMC SketchPlanForm\_V3

# Sketch Plan #2

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| clare the foregoing part                                      |                          |              |                 | YU          |          | (C) (F)     |       |
| RATION<br>clare the foregoing part<br>der's Signature<br>ime: | Driver's Signar          |              | Reporting Name: | V-Centre Pe | ersonnel | S Signature | iture |

GIARMC SketchPlanForm\_V3





1/20190704/2109

2014

Report No. T/20190704/2109

lice Station Of Origin: eylang N.P.C 2 Paya Lebar Road SINGAPORE 409014 No: 1800-8486999

CONTINUATION OF REPORT

| etails of Vehic                     |                             |          | Transport Color                  | -   |       | Effective  | Explry Onte  |  |
|-------------------------------------|-----------------------------|----------|----------------------------------|---|-------|--|--------------|--|
| LZ754D AI                           | G ASIA PACIFIC INSURA<br>D. | NCE PTE. | 180004284                        | _   |       | 23/04/2018   | 22/04/2020   |  |
| Intalls of Person<br>Any Pedestrian | Involved: No                | - L      | Ise of Pedes                     | rian  | Cross | ing: NA  |              |  |
| lame                                | Unknown                     |          | ID                               | No.   |       | NIL  |              |  |
| Related Vehicle                     | JSU1863 (CEMENT TRUCK)      |          |                                  | Contact No.                                     |       | NIL  |              |  |
| fospital/Clinic                     | NIL                         |          | Dr<br>Lie                        | Class of<br>Driving<br>Licence &<br>Expiry Date |       | Class: NIL<br>Date of Expiry: NIL  |              |  |
|                                     |                             |          | Date Dischard<br>Degree of Injur | e   | NIL   | No. of the last of | 29.7 million |  |
| lame                                | PEH YEW MENG                |          | ID No. \$7029311.                |   |       |  |              |  |
| telated Vehicle                     | SLZ754D (Cer)               |          | C                                | Contact No.                                     |       | 97614860   |              |  |
| lospital/Clinic                     | NIL                         |          | Oi<br>Li                         | ass<br>riving<br>cenc<br>cpiry                  | 9     | Class: 3A<br>Date of Exp   | piry: NIL    |  |
| ate Treatment                       | NIL                         |          | Date Dischar                     | ge  | NIL   |  |              |  |
| o. of Days gran                     | nted Medical Leave N        | IL I     | Degree of Inj                    | ury.  | NIL   |  |              |  |

### ief Details.

the 04/07/2019 at about 0630hrs, I had just arrived at Jing Shan Primary School which is located ong 5 Ang Mo Kio Street 52. Upon arriving, I parked my vehicle bearing registration plate SLZ754D at e open space carpark within the school compound. I had then checked and affirmed that everything was act and went to report for work.

nortly after at about 0755hrs, I was being informed by the Vice Principal, Operations Manager and curity guard that one of the contractor vehicle which is a huge truck had reversed in to my vehicle. On owing so, I immediately rushed down to the car park to check out what had happened. I then noticed at the rear right side of my vehicle was dented in due to that collision. The cement truck that had versed in to my vehicle is with registration plate JSU1863.

se to that, the project manager namely "Peter Lu" of "Newcorn" which is the company that is in charge the upgrading works in my school was also present and had left his contact number. 90012292 with my se principal. I then took photos of the damages on my vehicle and carried on with my work. I am lodging



T/20190704/2109

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 4 Report No. T/20190704/2109

CONTINUATION OF REPORT this report for insurance claims

| tch Plan   |  |     |
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| rmant is not able to provide sketch plan   |  |     |
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| PORTANT: Please attach a copy of your vehicle's certificate with you now, please fax a copy to 654   | Insurance Certificate to this report. If you don't he  | ave |
| certificate with you now, please fax a copy to 654   | 474885 stating the report number as reference.   | ave |
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