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 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

	ACCIDENT STATEMENT	
Date Of Report	09/07/2019 12:51	
Date Of Accident	09/07/2019 09:00	
Exact Location Of Accident	BASEMENT CARPARK OF THE SEAVIEW (41 AMBER ROAD)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5052E	
Insured/Policyholder	OLT 1000ZE	
Name Of Registered Owner	KOH LIAN HENG	
VRIC No	S0156745D	
Email Address	KOH.JACK@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-97341008	
Alternative Phone No	Others-97341008	
Vehicle Particulars	One 3 37341000	
Vanufacturer	MERCEDES-BENZ	
Model	GLC250-2.0 4MATIC COUPE (A)	
Exact Purpose for which vehicle was being used at time of accident	GLC250-2.0 4WATIC COOPE (A)	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f 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	1700030762	
Cover Note Number		
Driver		
Name of Driver	KOH LIAN HENG	
NRIC No	S0156745D	
Date Of Birth	12/09/1950	

INDOOR

17/06/2009

10 YEARS AND 0 MONTHS

Gender **MALE**

(LOCAL) +65-97341008 Mobile Number

Fax Number

Contact Number OTHERS-97341008

EMail Address KOH.JACK@YAHOO.COM.SG

4 FLORA DRIVE #01-61 Address

SINGAPORE

Postcode 507026 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 **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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 SKQ4609Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)
 - (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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ETCH PLAN		
		Vehicle A - SLR 503
	121	
	1	B-5KQ 460
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	N. X.	
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	+	Legend
		∠ A
		1 1 8
		Vehicle Motorcycle
SCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
12 1/01-0	I malales at also	t 9 am in
it nappen	ed on 9/7/19 at about	y jam in
the Basen	ent carpark of Seav	1ew & Condo in
Amber Roc	ed.	
1 missed	a turn and I were ve	eversono a little-
'B' 1 2	and at hit Rice	The Back D
- car ay	proached & MI Scar	sac back of
My Cai	a turn and I were ver proached thit B'Car A hit The front of	Car B lightly.
((U	/
CLARATION		Λ
	a fourteen (14) days clause whereby the claim against own policy	y must be made within the stipulated timeframe
n the day of occurrence. Kindly check you	r policy for more details.	I A IM
1/	The state of the s	
VOCC		
lcyholder's Signature te & Time:	[13] [14] [15] [15] [15] [15] [15] [15] [15] [15	porting Centre Personnel's Signature

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0156745D



KOH LIAN HENG



許速興 Race CHINESE

Date of Beth 12-09-1950 SINGAPORE





1404307 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)





















