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	23/07/2019 12:53
Date Of Accident	22/07/2019 09:00
Exact Location Of Accident	FORT CANNING RD TWDS CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG286L
Insured/Policyholder	
Name Of Registered Owner	ANG KENG SIANG TERENCE(WANG QINGXIANG TERENCE)
NRIC No	S7525471G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97904788
Alternative Phone No	OTHERS-97904788
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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?	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	1800097969
Cover Note Number	
Driver	

ANG KENG SIANG TERENCE(WANG QINGXIANG TERENCE) Name of Driver

NRIC No S7525471G Date Of Birth 24/08/1975 Occupation **INDOOR Date Of Driving Pass** 08/11/1995

Driving Experience 23 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97904788

Fax Number

Contact Number OTHERS-97904788

EMail Address NOEMAIL

533 ANG MO KIO AVE 2 Address

Postcode 567922

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

YES 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)

3

NO

Passenger 1

NAME: : TRUNG

GENDER: : MALE

Passenger 2 NAME: : QIU WENQI

> GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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 SMM1144P

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)

Accident Sketch Plan

SKETCH PLAN

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- 5. Consent under the Personal Data Protection Act (POPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapora ("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)
 - [1] processing, handling and/or dealing with my daims including the settlement of the dains and any necessary investigations relating to the plaime;
 - (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")
- (E) all insurer(s) who have insured vehicle(s) involved in this positions and the insurers' lewyers/law times, may/are permitted to collect, use, disclare 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 thed outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile darms history for the purpose of fraud detection, hyperligation and management in present and all future dalms.
- - (i) to all insurers and for 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

(F) for complying with requirements under any regulations, laws or court orders.

Date & Time: 23 4 19

10 Liam

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

Date & Time:

NRIC/FIN No :

Individual Statement

Clemenceau Ave SKETCH PLAN 22/07/2019 at 0900am, I about was Canning Road towards Clemenceau Ave Havelling along FORT When front vehicle Sip Road and the menhoned I could not stop in and hence, I time rear portion of relicie (B). I have 2 Collided into Passengers onboard. (A) SJG286L (B) Smm1144P Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information. DECLARATION Spalers are true in every respect. Driver's Signature 23/4/19 1025 au lif driver is not the policyholder) NRIC/FIN No.:















Identification Card



Sy6 386L



Driving License



Owner & Dive

