

## 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 withholding 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	29/07/2019 14:32
Date Of Accident	27/07/2019 10:20
Exact Location Of Accident	JLN SELASAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5328E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROLFSTON CHIA KUM FATT
NRIC No	S1205950G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90114251
Alternative Phone No	Others-90114251

### Vehicle Particulars

Manufacturer	CITROEN
Model	C3 AIRCROSS-1.2 PURETECH 110 EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	MARKETING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1900094319
Cover Note Number	

### Driver

Name of Driver	ELAINE CHOO
NRIC No	S1460764A
Date Of Birth	02/08/1961
Occupation	INDOOR
Date Of Driving Pass	12/02/1986
Driving Experience	33 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90114251
Fax Number	
Contact Number	
E-Mail Address	ELAINECHOO88@GMAIL.COM
Address	43 MOMOSA ROAD #03-45
Postcode	808005
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	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)	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 ATTACHMENT COLLISION-REVERSED OUT FROM CARPARK LOT, HIT TP SIDE

#### 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	SLD5646R
Vehicle Make/Model/Colour	NISSAN QASHQAI/DARK GRAY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG LI YUN JACLYN
NRIC/Passport Number	S7908901Z
Contact Number	94519395

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

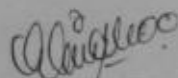
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:
  - (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
- (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:

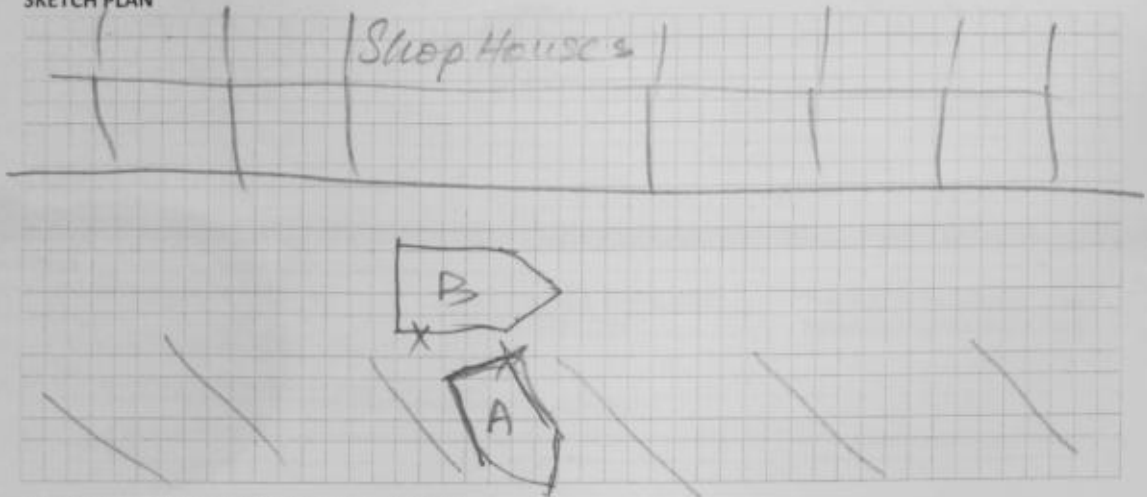


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I finish with the marketing go into my car, saw car waiting for my lot. So I reverse back but she saw me coming out and park behind my car. I reverse and hit her car by the side.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE REPUBLIC OF SINGAPORE

Identity Card No. **S1460764A**

NAME  
**ELAINE CHOO**

DATE OF BIRTH **02 Aug 1981**  
ISSUE DATE **12 Mar 2005**

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE 

IDENTITY CARD NO. **S1460764A**

NAME  
**ELAINE CHOO**

SEX **F**

DATE OF BIRTH **02-08-1981**

CITIZENSHIP **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2 Motor Cars and Motor Cycles (the weight of which, with the load, does not exceed 5000 kilograms)

ISSUE DATE **12 Feb 1999**

FOR C&C USE ONLY

License No. **S1460764A**



Identity Card No. **S1460754A**

ISSUE DATE **07-06-1999**

41 BRIDGE ROAD  
#12-01  
SINGAPORE 00000