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 <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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/07/2019 11:45
Date Of Accident	27/07/2019 17:35
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9472D
Insured/Policyholder	
Name Of Registered Owner	NG SAN SAN
NRIC No	S1172412D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96212841
Alternative Phone No	OTHERS-96212841
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	SHOPPING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1800006996
Cover Note Number	
Driver	

Driver

Name of Driver HO KHENG GUAN
NRIC No S0001185A
Date Of Birth 09/06/1951
Occupation INDOOR

Driving Experience 38 YEARS AND 6 MONTHS

10/01/1981

Gender MALE

Mobile Number (LOCAL) +65-96212841

Fax Number
Contact Number

Date Of Driving Pass

EMail Address HOKHENGGUAN@YAHOO.COM

Address BLK 771 BEDOK RESERVOIR VIEW #16-155

Postcode 470771

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : NG SAN SAN

GENDER: : FEMALE

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?

NO NO

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA9836Z

Vehicle Make/Model/Colour TOYOTA ALTIS/SILVER

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NEO LIM HOE
NRIC/Passport Number S1755001B

Contact Number

Address Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 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: Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/7/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN		
	TBINAD	
	LBPLEE	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
IWA	S TRAVELLING ALON	& BEPOR NORTH AVES
		EN THE TRAFFIC LIGHT
	PONT TURN GREEN	
HERR	DA BRALL IN MY	REAR OF MY CAR
HND	SAW MY BACK B	WASTER F OF THE
Pe	TOOL WAS HIT BY	CARB.
	0.00	
DECLARATION		A
/We declare the foregoing parti	303 Architecture 125	
	culars are true in every respect.	
	culars are true in every respect.	().
	culars are true in every respect.	h
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:













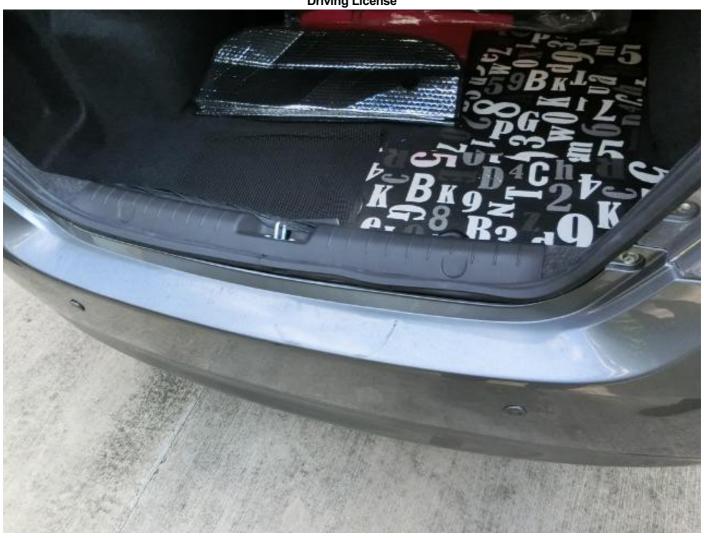








Driving License







Identification Card







APT BLK 271 DEDOK REMOKYOM YEW VIR. 100 DHIOAPDRE 470274

