#### 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/08/2019 17:20
Date Of Accident	06/08/2019 07:50
Exact Location Of Accident	DUNEARN ROAD TOWARDS CITY AFTER ENG NEO AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX8192H
Insured/Policyholder	
Name Of Registered Owner	LEE SOR HAR
NRIC No	S1599958F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97348530
Alternative Phone No	OFFICE-97348530
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
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	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	1800038013
Cover Note Number	
Driver	

#### Driver

Name of Driver PETER TAY SENG LENG

NRIC No S1403160Z
Date Of Birth 01/07/1960
Occupation INDOOR
Date Of Driving Pass 13/03/1978

Driving Experience 41 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97348530

Fax Number
Contact Number

EMail Address NOEMAIL

Address 587 BUKIT TIMAH ROAD

#04-17

Postcode 269707

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

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NO

YES

NO

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#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
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?

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)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

ON 6/8/2019 AT ABOUT 0750HRS I WAS TRAVELLING ON THE 1ST LANE OF DUNEARN ROAD(EXTREME RIGHT) TOWARDS CITY, AFTER ENG NEO AVE. SUDDENLY I HEARD AND FELT COLLISION ON MY RIGHT R EAR SIDE. ON STOPPING AND GETTING DOWN TO CHECK REALISED A CAR SMJ 6814 Y HAD FAILED TO STOP AT GIVE WAY SIGN WHILST MAKING A U TURN. DAMAGE ON MY RIGHT REAR DOOR, PANEL, BUMPER AND TYRE RIM. DRIVER OF SMJ 6814 Y SAID HE DIDN'T SEE MY CAR. NO ONE WASS INJURED IN THIS ACCIDENT. SUBMITTED VIDEO RECORDING AND MY SD CARD. THAT'S ALL

#### Attachment(s)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMJ6814Y

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)

#### Sketch Plan

#### SKETCH PLAN

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- The 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.
- 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)
  - 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:

Original Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's Signature
Name: Gold Sur Had, Thory
NRIC/FIN No.: Occupation

GIARMC SketchPlanForm\_V3

# Sketch Plan #2

SKETCH PLAN					
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT				
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DECLARATION /We declare the foregoing particu	lars are true in every	respect		MORIE	
Policyholder's Signature Date & Time:	Driver's Signatu (If driver is not t Date & Time:	re the philicyholder)	Reporting Centro Name: Gala NRIC/FIN No.:	re Personnel's Sig Sly Falow GRS 8 7492	Thon
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