SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

Date Of Accident 21/08/2019 14:30 Exact Location Of Accident ECP TOWARDS CITY NEAR MARINE PARADE EXIT Country/State of Loss SINGAPORE	aforesaid.	and to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 21/08/2019 14:30 Exact Location Of Accident ECP TOWARDS CITY NEAR MARINE PARADE EXIT Country/State of Loss SINGAPORE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE	Date Of Report	22/08/2019 08:13
Description of Loss Descripti	Date Of Accident	21/08/2019 14:30
Vehicle Registration Number SLX5974M Insured/Policyholder Name Of Registered Owner HARPREET SINGH NRIC No S7861985F Email Address HARPREETSINGHB@YAHOO.COM Mobile Phone No (LOCAL) +65-96960834 Alternative Phone No (the Particulars) Wehicle Particulars Wanufacturer MITSUBISHI Model OUTLANDER-2.0 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to Your vehicle? Are you claiming under your own insurance policy or repair to Your vehicle? Are you claiming under your own insurance Policy or repair to Your vehicle? Are you claiming under your own insurance Policy or repair to Your vehicle? Are you claiming under your own insurance Policy or repair to Your vehicle? Are you claiming under your own insurance Policy PRIVATE CAR Are you claiming under your own insurance Policy No Police Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Expe Of Coverage COMPREHENSIVE Coverage Coverage COMPREHENSIVE Cover Note Number Driver Name of Driver HARPREET SINGH NRIC No S7861985F	Exact Location Of Accident	ECP TOWARDS CITY NEAR MARINE PARADE EXIT
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Cover Note Number Driver Name of Driver HARPREET SINGH NRIC No S7861985F	Fleet Policy	NO
Driver Name of Driver HARPREET SINGH NRIC No S7861985F	Policy Number	1800028719
Name of Driver HARPREET SINGH NRIC No S7861985F	Cover Note Number	
NRIC No S7861985F	Driver	
	Name of Driver	HARPREET SINGH
Date Of Birth 13/12/1978	NRIC No	S7861985F
	Date Of Birth	13/12/1978

INDOOR

22/12/2010

8 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96960834

Fax Number

Contact Number OTHERS-81683233

EMail Address HARPREETSINGHB@YAHOO.COM

Address 1 RIVERVALE LINK #13-16 SINGAPORE

Postcode 545118

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 **CHAIN COLLISION**

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?

YES

I have been approached by unknown person(s)

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 3

Passenger 1 : PRASANTH KUMAR KARUNAKARAN Name:

> Gender: : Male

Passenger 2 Name: : SOH WAI ZEE

> 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

WHILE DRIVING ALONG ECP TOWARDS CITY, THE CAR IN FRONT OF ME (SHD5263J) SLOWED DOWN CONSIDERABLY AND I WAS ABLE TO SLOW DOWN ACCORDINGLY. HOWEVER, THE CAR BEHIND ME (SGA8711R) KNOCKED ME FROM BEHIND LEADING ME TO BUMP INTO THE CAR AHEAD OF ME DUE TO THE IMPACT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGA8711R **BMW** Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ERROL MARTIN NG XINGWEI

NRIC/Passport Number S8836702B Contact Number 96331143

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD5263J

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM AH SENG
NRIC/Passport Number S1575863E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

12	
Jone	E & CARRIAGE+FULCO

MOTOR ACCIDENT REPORT FORM

		BASIC INFORMATION		
Date of Report:		11/08/19		
Date of Accident:		1/08/19	Time: /7:60	
Exact Location of A		#C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Time: 14-30	
EMBOL ESCALISII OI AI	acident.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	The state of the first the things	7
Vehicle Registration	Number: (LX5974m)	DETAILS OF OWN VEHICL		
NRIC/Passport No		Name of Registered Owner		
man adopoit teo	Sine, 0 / 00/704/	Company Reg. No(for Com	eany Veh):	
Manufacturer :	MIT-SUBJESHI	VEHICLE PARTICULARS		
		Model: OUTLAN		-
	ch vehicle was being use at time of Acc			
THE RESIDENCE OF THE PARTY OF T	er Your Own Insurance ?	YES NO Reporting Only	NO 3rd Party	
Vehicle Category	Private car		flyste Hire	
No.		INSURURANCE DETAILS	建筑区内设置的设置的	Sep.
Name of Insurance:	A16			
Type of Coverage:	Comprehensive	Third Party		
	800028719			
Driver when the Acci				
Name of Driver: //	SPATET SINGH	NRIC	Passport/Fin No: 6766/985F	-
Date of Birth: /2	12/1978		ANAGED	
Date of Driving Par	88: 22/12/2016	Gender: Male	Female	18
Mobile No.: 96	966834 Home	PNOT 8/6 83833		
Address: / N	VENVALE LINK # 1	a if fel	al Code 5457/8	
Email Address : /	hatpreet singh Wa.		274/10	
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		OTHER INFORMATION OF THE AC	CIDENT	
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SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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) 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:
 - 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.

Date & Time: 21/8/19 5:30/M

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

Name: NRIC/FIN No.:

SERVICE

Reporting Centre Personnel's Signature

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DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 21 8/19, 5:30 PM

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

SERVICE

Name: NRIC/FIN No.:













































