#### 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	27/08/2019 17:06
Date Of Accident	27/08/2019 10:30
Exact Location Of Accident	UPP SERANGOON ROAD AND POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9447G
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87818338
Vehicle Particulars	
Manufacturer	KIA
Model	KIA FORTE
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	999994247
Cover Note Number	
Driver	

Name of Driver OON CHIAW MENG JASON

NRIC No S7500152E

Date Of Birth 05/01/1975

Occupation OUTDOOR

Date Of Driving Pass 17/05/2001

Driving Experience 18 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91440176

Fax Number
Contact Number

EMail Address NOEMAIL

Address APT BLK 507 ANG MO KIO AVENUE 8 #08-2704 SINGAPORE

Postcode 560507

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

- -

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 SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

NO

**AUDI** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMH8457S

Details Of Properties

Vehicle Make/Model/Colour

Vehicle Category PRIVATE CAR
Name of Driver GEORGE CHUA
NRIC/Passport Number F1866885T
Contact Number 83081280

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

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- By the ladgment of this report to the insurers, you hereby consent to the arthiving of this report of 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 Gaperal 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 insufer (collectively the "Personal Information") and disclose and transfer such Personal information to all insureris) who have insured vehicle(s) involved in this addident (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 golice), for the purpose(s)
    - (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;
    - (by) administering my claims (including the mailing of correspondence, statements, involces/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"
  - all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/ore permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
  - my Personal Information may/cup be disclosed by any of the inflirers and/or GIA to their third party service providers or agents (including shelr lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
  - my Personal Information will also be collected and used to compile daims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - the information to 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, of
    - (II) for complying with requirements under any regulations; laws or court orders,

Policyholde Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Deathe Personnel's Signature

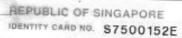
NRIGHEN No.1

50 Feet 2222

### **Accident Sketch Plan**

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I WAS TRAN	NAME OF TAXABLE PARTY.	SERANGOON ROAD ON	27th AUG 2019
AT AROUND 1030	HAS, I WAS ON	MY LANE AND TO	HE TRAFFIC TURNS
GABEN FOR ME	TO MOVE OFF , T	THIS CAR VEHICLE A	9M4 8457S
BUDDENLY CUT	INTO MY LANE AN	n) (OLLINED INTO P	TY CAR FRONT
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We declare the foregoing parti	iculars bre true in every respect.		
We declare the foregoing parti	culars are true in every resigner.		4
9100			
We declare the foregoing parti	Oriver's Signature	older) Reporting Cent	re Personnel's Signature
We declare the foregoing parti		Reporting Cent Name: NBIC/PIN No.:	ro Personnel's Signature

#### **Driving License**





OON CHIAW MENG JASON (WEN ZHAOMING JASON)

CHINESE
Onto of both
O5-01-1975 M
Country of both
SINGAPORE

















