

## 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 ability
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 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	22/05/2015 15:47
Date Of Accident	21/05/2015 19:40
Exact Location Of Accident	ALONG JLN ANAK BUKIT & UPPER BUKIT TIMAH JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS642S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG LEE LIN
NRIC No	S1323474D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90669793
Alternative Phone No	Office-90669793

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
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	2100407034
Cover Note Number	

### Driver

Name of Driver	ONG SOO HOCK
NRIC No	S1487572G
Date Of Birth	31/01/1961
Occupation	Indoor
Date Of Driving Pass	23/11/1982
Driving Experience	32 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-90669793
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Relative

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- Same Direction

Weather Conditions Clear

Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 4

#### 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

PLEASE REFER ATTACHED LIST

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC2452G

Vehicle Make/Model/Colour LATIO

Details Of Properties

Name of Driver MAO FONG CHEE

NRIC/Passport Number S1157036D

Contact Number 81837162

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

**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")

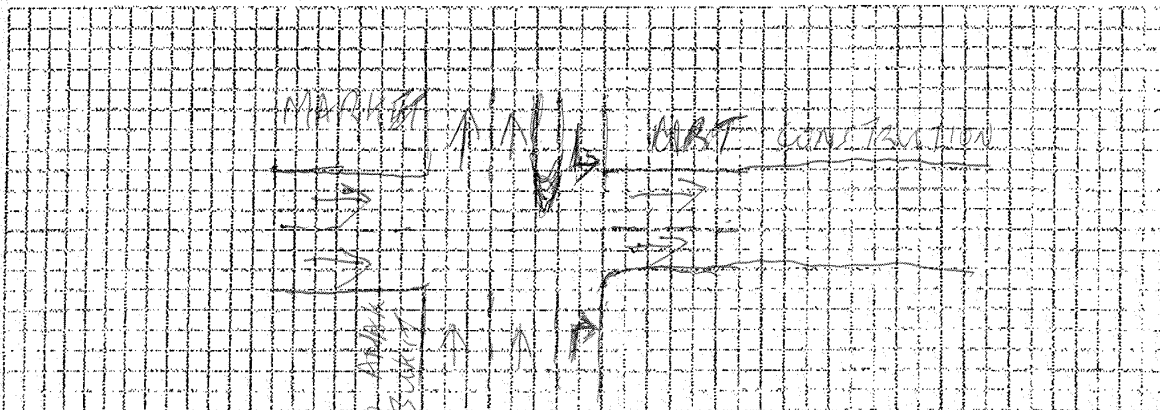
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

TAN CHONG MOTOR SALES PTE LTD  
913 BUKIT TIMAH ROAD  
SINGAPORE 589623  
TEL : 6466 7711 FAX : 6469 7472

# Sketch Plan Pg.2

## Describe Circumstances of the Accident

ON Tue 21/5/15, AT 1940HRS, I WAS DRIVING  
 ALONG JIN ANAK BUKIT ROAD TURNING TOWARDS UPPER  
 BUKIT TIMAH ROAD WHEN A VEHICLE, LATE STC 2452 6  
 DRIVEN BY A MR MAO KONG CHIE, SUDDENLY CAME  
 TOWARD MY LEFT SIDE OF MY VEHICLE. I  
 TRIED TO AVOID HIM BUT HIS VEHICLE STRUCK  
 MY FRONT LHS CORNER. HIS DAMAGE WERE ON  
 THE LHS REAR.  
 THE TRAFFIC WAS LIGHT WAS ABOUT TO TURN  
 RED AND VISIBILITY WAS GOOD.

## Declaration

We declare the foregoing particulars are true in every respect.

*P*  
*agel*  
 Policyholder's Signature / Date & Time

14.30 HRS  
*Chris* 22/5/15  
 Driver's Signature (if driver is not the policyholder) / Date & Time

WITNESSED BY REPORTING CENTRE  
 913 BUKIT TIMAH ROAD  
 SINGAPORE 589620  
 TEL : 6466 7711 FAX : 6466 7472  
 Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

