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 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.

By the lodgement of this report to the insurers, you haforesaid.	nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/09/2019 19:16
Date Of Accident	07/09/2019 15:55
Exact Location Of Accident	CTE EXITING JLN TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2008Z
Insured/Policyholder	
Name Of Registered Owner	TAN SWEE YONG
NRIC No	S1602120B
Email Address	SWEEYONG@NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-97954993
Alternative Phone No	OFFICE-97954993
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 1700047520-02

Cover Note Number

Driver

Name of Driver TAN ZHI HAO NRIC No S9328364C Date Of Birth 02/08/1993 Occupation **INDOOR Date Of Driving Pass** 04/07/2014

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98180964

Fax Number

Contact Number

EMail Address ZHTAN SJI@HOTMAIL.COM Address 23 HILL VIEW AVE

#01-04

Postcode 669557

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

areon(e)

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS I WAS EXITING CTE TOWARDS JLN TOA PAYOH, THE CAR IN FRONT (SJE 9454 U) BREAKED SUDDENLY AND I COULD NOT BREAK IN TIME AND BUMPED INTO THE CAR INFRONT OF ME . AFTER AWHILE THE CAR BEHIND COLLIDED INTO MY CAR AS WELL (IS A SLIGHTLY BUMPED). AFTER THE ACCIDENT, WE EXCHANGED PARTICULARS.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK3562A

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE9454U

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU6730J

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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- 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 (all insurers') 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")
- 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:

Reporting Centre Personnel's Signature

Name: WALL ELLOWING SENG, G.

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN	
	日 - SLK3歩62A 日 - GJE 9454V 日 - SLS 2008 末 日 - SLV 6730J
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
AS I was Exifine	CTE TOWARDS JEN TOA PAYOH, The cor infront (SDE 94540)
	ly and I could not stop in the time
and humand in	to the car infant of me. After audie awhile the car
and bumped in	the car intall of the the day of the
behind Collided i	nts my our as well (is a slightly bumped). After the
DECLARATION I/We declare the foregoing particular	(19)
1	TWEET 2
Policyholder's Signature	Oriver's Signature Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Name: 50000 5000 5000 5000 5000 5000 5000 5

Gisaver contribution 23

























