SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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

aloresaid.		
	ACCIDENT STATEMENT	
Date Of Report	01/10/2019 13:48	
Date Of Accident	01/10/2019 09:20	
Exact Location Of Accident	BETWEEN ESPLANADE DRIVE AND FULLERTON ROAD	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN117U	
Insured/Policyholder		
Name Of Registered Owner	HENG JIA WEI, EDMUND	
NRIC No	S8022776J	
Email Address	EDMUNDHENG@ME.COM	
Mobile Phone No	(LOCAL) +65-98426039	
Alternative Phone No	OFFICE-98426039	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A5 SPORTBACK 2.0 TFSI S TRONIC	
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 moderal code a minor seek and a seek and a	
If No, Please state action to be taken	Committee and III	
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	1900110522	
Cover Note Number	SEY AMountains for sickness and manual and	
Driver		
Name of Driver	HENG JIA WEI, EDMUND	
NRIC No	S8022776J	
Date Of Birth	05/08/1980	
Occupation	INDOOR	
Date Of Driving Pass	05/07/2018	
Driving Experience	1 YEAR AND 2 MONTHS	
Gender	MALE .	
Mobile Number	(LOCAL) +65-98426039	

OFFICE-98426039

EDMUNDHENG@ME.COM

838 HOUGANG CENTRAL Address

#06-513

Postcode 530838

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 COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident?

NO

3

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: POSHA RAI

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

ON 1st OCTOBER 2019, I WAS AT ESPLANADE DRIVE BEHIND A STATIONARY WHILE MERZ WHO WAS WAITING TO TURN INTO FULLERTON ROAD. I SIGNALED LEFT FOR AWHILE, AND WHEN I SAW AN OPENING, I FILTERED OUT TO THE LEFT LANE. THE CAR B WAS BEHIND ME, DID NOT SLOW AND HIT MY LEFT FRONT BUMPER. I WAS PUSHED TO THE RIGHT, AND IMPACTED THE REAR LEFT BUMPER OF THE CAR C

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 SKR3677C

Vehicle Make/Model/Colour TOYOTA VIOS / BROWN

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NG KIM SENG NRIC/Passport Number S0189029H Contact Number 97812861

Postcode

Address

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKK4892C

Vehicle Make/Model/Colour

MERZ C180 / WHITE

PRIVATE CAR

Details Of Properties

Vehicle Category

Name of Driver EUNICE LIM

NRIC/Passport Number

91288599

S9510253J

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 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:
 - 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIABMC SketchMenForm_V9

Sketch Plan #2

KETCH PLAN	HE FRANCE	
		TEL METERS
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	H/H/H/A	
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SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
On 09 18	1 0CH 2019, 1 was	at Esplande One
habitad a	Strictury whice me	so who was waiting
to turn	Ato Fullerton Road.	•
	42.	
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overing,	I filtered out to I	AND INT. INC.
The Car B	was bedd behind r	ue, did not sow
down and	hit my left front be	upper. I was pushed to
the right	, and juriouted the	near left histopic
of the	Cor C +	
CLARATION		(Park
Ve declare the foregoing par	ticulars are true in every respect.	(A)
SAM		
icyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

GIARMC SketchPlanForm_V3

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