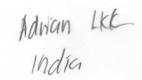
M\$ME19131856 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 05/10/2019 10:27 SUBMITTED BY: Wen Ying



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.
- 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.

THE STREET	ACCIDENT STATEMENT	Jan Me
Date Of Report	05/10/2019 10:27	
Date Of Accident	04/10/2019 13:40	
Exact Location Of Accident	SENG POH ROAD.	
Country/State of Loss	SINGAPORE	
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB6637H	
Insured/Policyholder		
Name Of Registered Owner	XU JINGBO	
NRIC No	S2636491D	
Email Address	NOEMAIL	
A ACCORDANCE MANAGEMENT OF THE CONTRACT OF THE		

Mobile Phone No (LOCAL) +65-96859076

Alternative Phone No OFFICE-96859076

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model GLA180

Exact Purpose for which vehicle was being used at time of accident

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

1800021707

Cover Note Number

Driver

 Name of Driver
 XU JINGBO

 NRIC No
 \$2636491D

 Date Of Birth
 24/02/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 17/03/1997

Driving Experience 22 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96859076

Fax Number

Contact Number OFFICE-96859076

EMail Address NOEMAIL

A'ddress

BLK 17 SENG POH RD #02-14

Postcode

161017

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO 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

MY VEHICLE WAS PARKED ALONG THE PARALLEL PARKING ALONG SENG POH RD. WHEN I WAS RETRIEVING MY VEHICLE, I SAW THE VEHICLE B HIT ONTO THE RIGHT PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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

PA3676K

Vehicle Make/Model/Colour

VEH B

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

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- 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.

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	B	song pon 11d A: Stbbb37H B: PA3676K	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My remale has parred along the parallel p	aviling along
When I was retrieving my venice, I sai	H the vehicle B
hit onto the narm portion of my remide	and caused
damages.	

DECLARATION

Date & Time:

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: