

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 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.

ACCIDENT STATEMENT

Date Of Report	09/10/2019 14:24
Date Of Accident	09/10/2019 09:50
Exact Location Of Accident	EAST COAST PARK SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME795J
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Insured/Policyholder

Name Of Registered Owner	TAN LI KIANG
NRIC No	S7014693B
Email Address	TAN.ADELINELK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96679955
Alternative Phone No	Others-96679955

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800111913
Cover Note Number	

Driver

Name of Driver	TAN LI KIANG
NRIC No	S7014693B
Date Of Birth	06/05/1970
Occupation	INDOOR
Date Of Driving Pass	31/05/1997
Driving Experience	22 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96679955
Fax Number	
Contact Number	OTHERS-96679955
EMail Address	TAN.ADELINELK@GMAIL.COM
Address	BLK 116 BEDOK NORTH ROAD #07-251
Postcode	460116
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 - MAJOR/MINOR RD
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?	NO
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

SEE ATTACHED.

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	SKA2967L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RODIYA BINTE MOHARI
NRIC/Passport Number	
Contact Number	91139959

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

Name: :

Gender: :

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: SME 795 J

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7. 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:
 - (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.
- (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: 9/10/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SKA 2967L

East Coast Park Service Road

SME 795J

(A) My Vehicle No: SME 795J

Accident Date:	9/10/2019
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Time: 9.50 am / pm

I stopped my car at the junction, waiting to turn right towards Parkland Green. I checked the blindspot that there is no car. Then I move my car slowly to turn right. Suddenly, a red car appeared in front of me. I couldn't manage to stop the car in time and a collusion happened.

(B) Veh No: SKA2967L Hp: 91139959 Pax: Driver Name: Rodiya Binte Mohari

(C) Veh No: Hp: Pax: Driver Name:

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

Date & Time: 9/10/2019

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



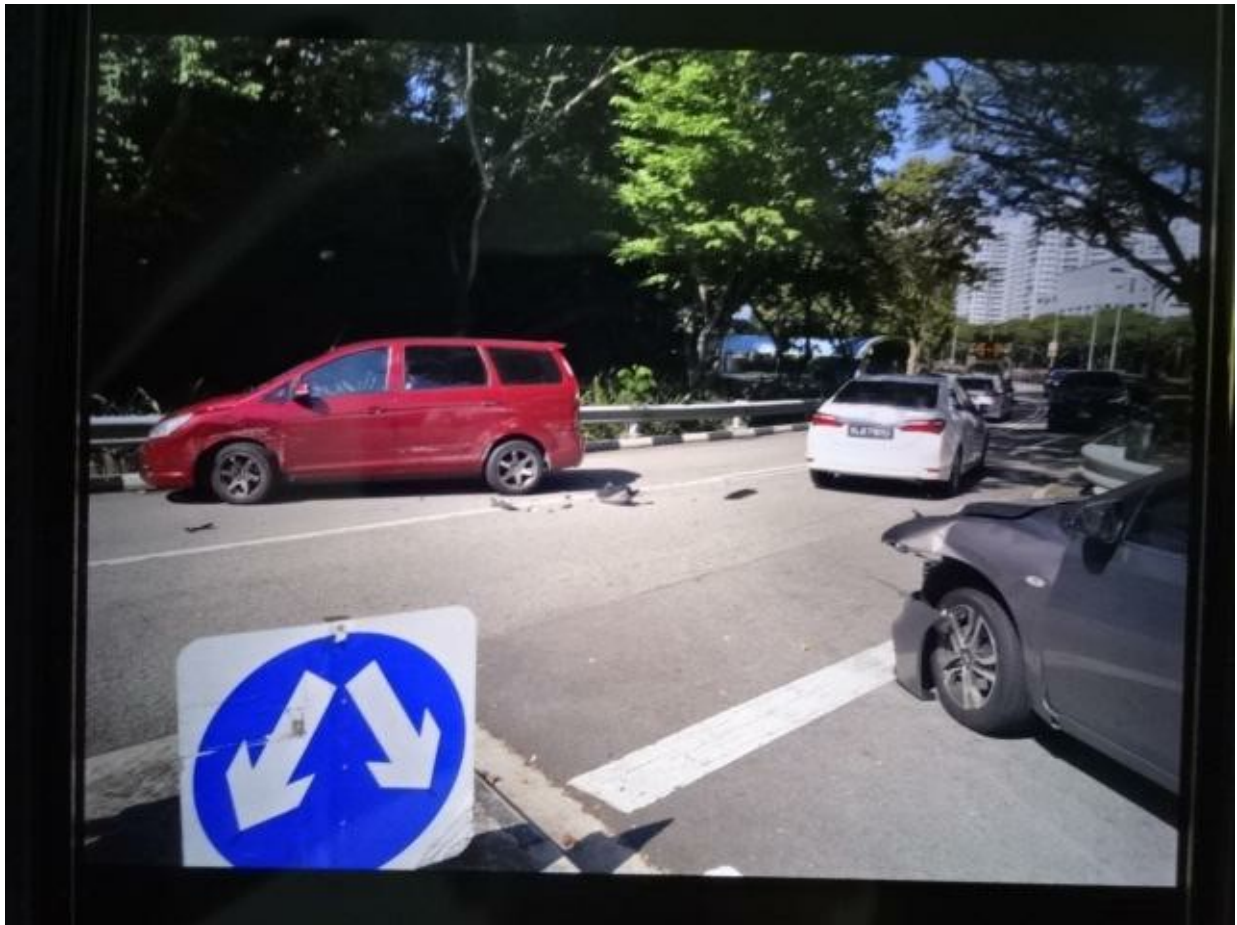
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



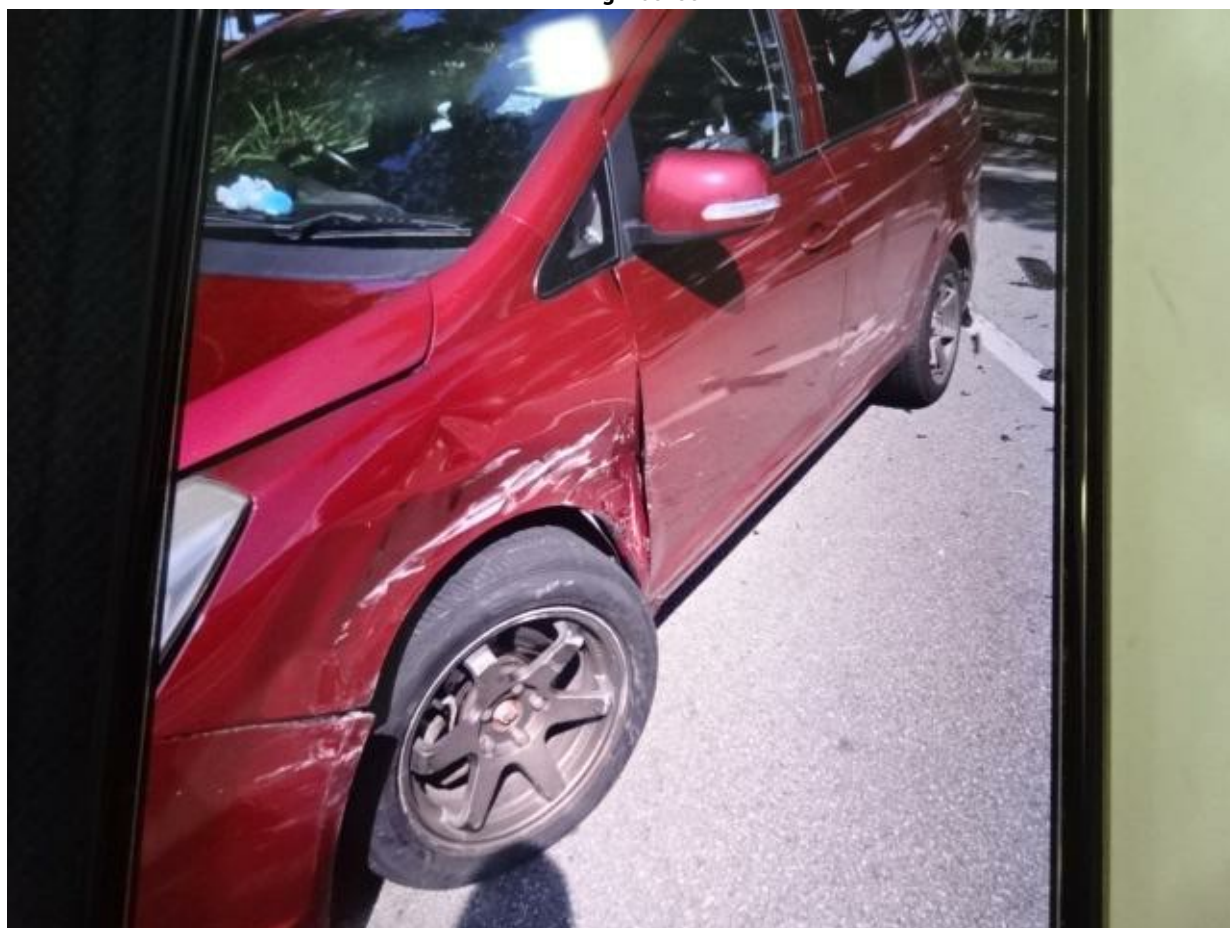
Accident Photo



Accident Photo



Driving License



Driving License

SINGAPORE POLICE FORCE
SAFEGUARDING EVERY LIFE

e-Services

E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

LOGOUT

STEP 1: APPLY QDL

STEP 2: DECLARATION

STEP 3: INPUT MAILING ADDRESS AND PARTICULARS

STEP 4: PAYMENT TERMS AND CONDITION

Dear **TAN LI KIANG** (NRIC: **S7014693B**),

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

i. **Class 3**

You have passed Practical Test(s) for following class(es).

- **Class 3** Practical Test at **BBDC** on **31 May 1997**.

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

- i. **Class 3**

You have passed Practical Test(s) for following class(es).

- **Class 3** Practical Test at **BBDC** on **31 May 1997**.