

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	08/10/2019 12:19
Date Of Accident	07/10/2019 21:00
Exact Location Of Accident	1 SENGKANG EAST AVE RIVERSOUND RESIDENCE C/P(B2)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2969P
Insured/Policyholder	
Name Of Registered Owner	TEO SIOK LING, EUNICE
NRIC No	S8209489Z
Email Address	SEAN.NGT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90075447
Alternative Phone No	OFFICE-83667643
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 ELEGANCE (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?	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	1900130621
Cover Note Number	
Driver	
Name of Driver	NG SONG TECK
NRIC No	S7816651G
Date Of Birth	17/06/1978
Occupation	INDOOR
Date Of Driving Pass	14/04/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83667643
Fax Number	
Contact Number	
Email Address	SEAN.NGT@GMAIL.COM

Address	1 SENGKANG EAST AVENUE #04-03
Postcode	544811
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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 TO SKETCH PLAN

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	GBH8161A
Vehicle Make/Model/Colour	TOYOTA SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAHRI BIN ABBAS
NRIC/Passport Number	S8726978G
Contact Number	88512773
Address	9002 TAMPINES ST 93 #01-44 BAK CHWEE AUTO PTE LTD
Postcode	528836
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: Kayn

MOTOR ACCIDENT REPORT

Date Of Report: 8 Oct 2019 Time: 0925 Date Of Accident: 7 Oct 2019 Time: 202100

Exact Location Of Accident: 1 Sengkang East Ave, Riverside Residence carpark (B2)

Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SMN 2969P Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: 58209489-2

Name Of Registered Owner: Teo Sioh Ling, Eunice

Mobile Number: 90075447 Alternative No: 83667643 Email Address: sean.nst@gmail.com

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: HarrierExact Purpose for which vehicle was being used at time of accident: Normal Usage ☐ Other ☒ (please specify): Park @ carparkAre you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒ DCVehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Name of Insurance Company: AIG

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 1900130621

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Ng Song Teck NRIC/ Passport / FIN No: 378166516

Date Of Birth: 17/06/78 Occupation: Indoor ☒ Outdoor ☐Date Of Driving Pass: 14 Apr 2015 Gender: Male ☒ Female ☐

Mobile Number: 83667643 Fax No: Alternative No: 90075447

Address: 1 Sengkang East Ave, #04-03 (S754881) Postal Code: 544811

Email Address: sean.nst@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the Insured: spouse

Vehicle Registration Number of Driver's Own Vehicle (if applicable): -

Insurance Company of Driver's Own Vehicle (if applicable): -

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Front to Front CIP HIT (Involved)

Number of Passengers in the above vehicle (including Driver): 0 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☐Weather Conditions: Clear ☒ Raining ☐ Others ☐ (if others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (if others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident: 2

Was there any witness? No ☐ Yes ☐ If yes, please furnish witness details column below

Witness Name: Contact No.: Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒Was the accident reported to the police? No ☒ Yes ☐ (if yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (if yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: GBH 8161A Vehicle Make/Model/Colour: Toyota, silver

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: S87 Sahri Bin Abbas

NRIC/Passport/FIN Number: S87269786 Contact Number: 88512773

Address: Bak Chwee Auto Pte Ltd, 9002 Tampines 493 #01-44 Postal Code: 528836

Insurance Company Name:

Nature Of Damage: No. Of Passenger (including Driver): 2

SKETCH PLAN

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. 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.
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.
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")

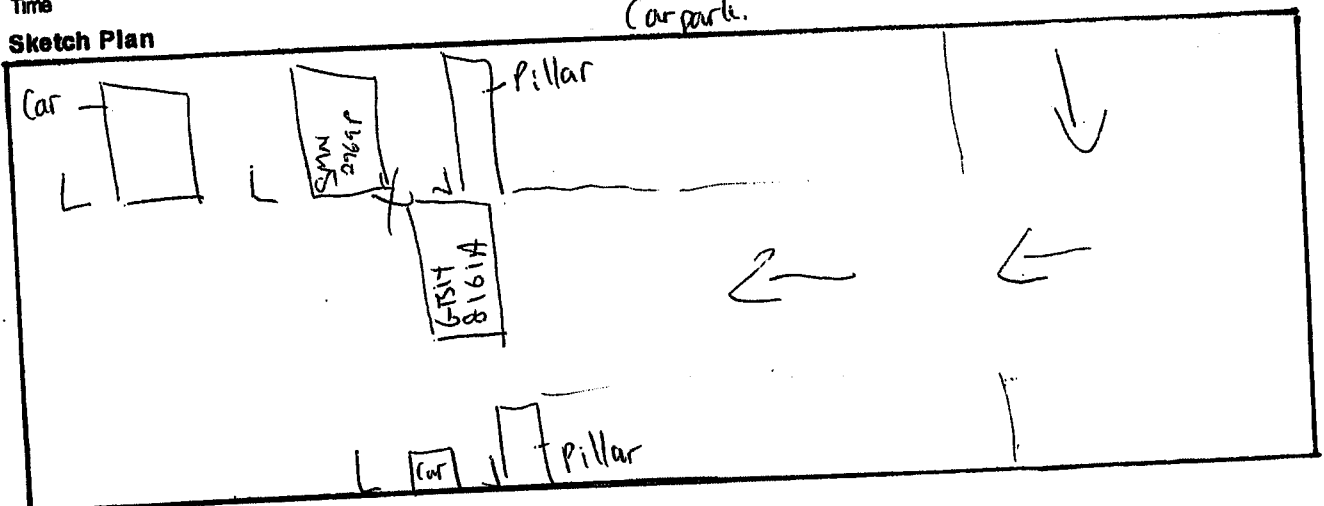
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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




Describe Circumstances of the Accident

Received a call from my Condo Security that my car was hit at around 2100hr.
A van (GSH 8161A) somehow make a right turn and skidded and hit a pillar
and my car

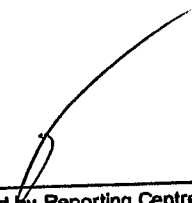
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel