

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 05/09/2019 17:32
 Date Of Accident 02/09/2019 16:50
 Exact Location Of Accident DUNMAN ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY868M
Insured/Policyholder
 Name Of Registered Owner OMNITITAN VENTURE PTE LTD
 Co Reg No 200404491C
 Email Address YIPMUN@GMAIL.COM
 Mobile Phone No (LOCAL) +65-90100928
 Alternative Phone No Office-90100928

Vehicle Particulars

Manufacturer AUDI
 Model Q5 SPORT-2.0 TFSI QU S TRONIC (A)
 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
 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 1800074627
 Cover Note Number

Driver

Name of Driver YIP MUN
 NRIC No S6903944H
 Date Of Birth 04/02/1969
 Occupation INDOOR
 Date Of Driving Pass 15/09/1990
 Driving Experience 28 YEARS AND 11 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-90100928
 Fax Number
 Contact Number
 EMail Address YIPMUN@GMAIL.COM

Address	8 AMBER ROAD #10-04
Postcode	439853
Was driver an employee of the Insured's Company	YES
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	COLLISION - HEAD TO REAR
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

PLEASE REFER TO 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	SGS9T
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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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.

Omnititan Venture Private Limited
10 Ubi Crescent #06-100 Ubi Techpark Lobby E
Singapore 408564
Tel: 67428479 Fax: 67421420
Email: phiten@omnititan.com.sg
Co Reg GS No. 200404491C

Policyholder's Signature

Date & Time: 5/9/19

03:34

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

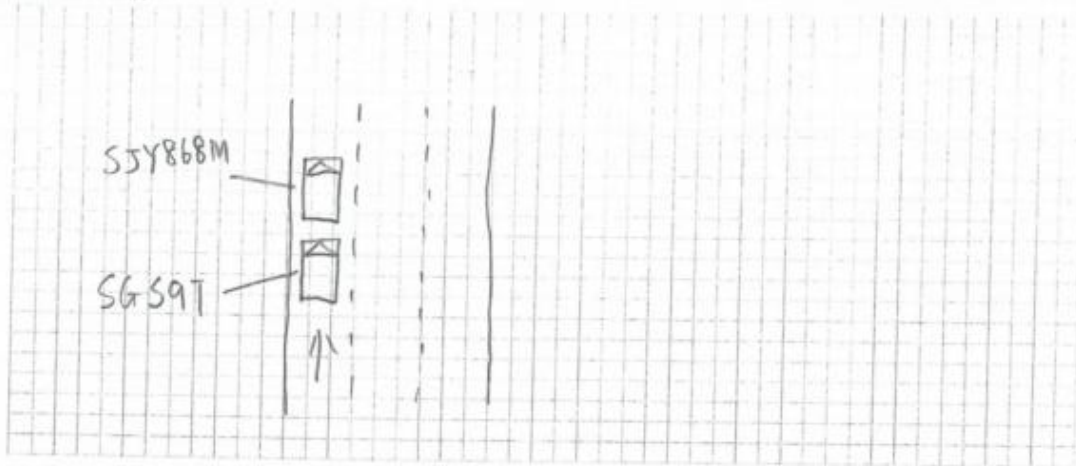
Name: Tony Foox

NRIC/FIN No.: G20401676

CIARMC SE25CLP1010000_V1

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO ATTACHED

DECLARATION

Omnititan Venture Private Limited
10 Ubi Crescent, #06-100 Ubi Technopark, Singapore 408564

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

Tel: 67428479 Fax: 67421420
Email: omnititan@omnititan.com.sg

Company Reg. No. 200404491C

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Tony Foong

NRIC/FIN No.:

672040167X

EMR/MS Sketch/Insur.com_V3

Sketch Plan #3



CAR PLATE NUMBER: SGS9T

On the 2 Sept around 4.50pm - I was driving along Old Airport Road towards Dunman Road.

And there is this white car, knocked onto my car SJY868M from the rear.

I stopped at the side to inspect my damage.

He alighted to take a picture of my car plate.

He didn't give me his personal particular and so I drive off to report the accident to my insurance company

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S65500229 / GST Reg. No.: M400617735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA119117974 Vehicle Registration No: SJY868M
 Name (as shown in NRIC) : YIP MUN NRIC/FIN/Passport No : S6903944H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 10 UBI CRESCENT #06-100 Singapore 408564
 Contact (Tel) : _____ Mobile No. : 90100928
 Email Address : mun@omnititan.com.sg
 Date of Accident : 02/09/2019 Time of Accident : 16:50
 Place of Accident : DUNMAN ROAD
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CONVERT CLAIM TO OD CLAIM


 Policyholder / Driver's Signature
 Date: _____

 TONY FOONG
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

10-201907-0001-001-001