

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	29/10/2019 17:50
Date Of Accident	27/10/2019 15:50
Exact Location Of Accident	BLK 79C TOA PAYOH CENTRAL MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5205X
Insured/Policyholder	
Name Of Registered Owner	YU TSZ FUNG
NRIC No	S8470781C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90170560
Alternative Phone No	Others-98194840

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	2100454995-03
Cover Note Number	

Driver

Name of Driver	YU TSZ FUNG
NRIC No	S8470781C
Date Of Birth	12/06/1984
Occupation	INDOOR
Date Of Driving Pass	27/05/2005
Driving Experience	14 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90170560
Fax Number	
Contact Number	OTHERS-98194840
EMail Address	NOEMAIL
Address	BLK 79E TOA PAYOH CENTRAL #16-71 SINGAPORE
Postcode	315079
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 - 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

REFER TO ATTACHMENT

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	SLL1819E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG SHAW YEW EDWARD
NRIC/Passport Number	S8826495I

Contact Number	82287618
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.

Policyholder's Signature
Date & Time:

Driver's Signature  29/10
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature 
Name:
NRIC/FIN No.:

REFER TO ATTACHMENT

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

Driver's Signature: 29/16
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

- Accident report reference M2000004491

Date : 27 Oct 2019

Time : 3:50 pm

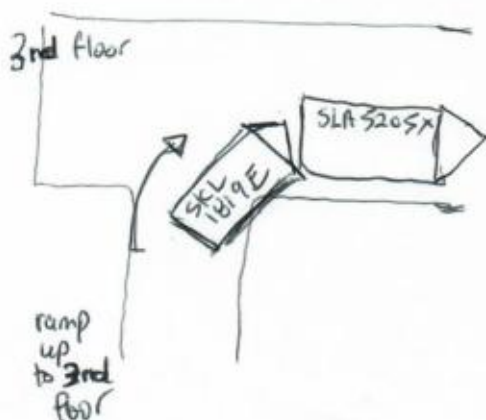
Location : Blk 79C Toa Payoh Central multi-storey carpark.

My Detail : Yu Ts2 Fun7 SB420781C, car SLA 5205X. Hp 9017 0560

3rd party Driver : Ong Shau Yen Edward SB826495I, car SKL 1819E. Hp B228 7618

Description of accident

At 3:50 pm, on 3rd floor of carpark, I stopped my car and is getting ready to park my car. After stopping, I looked at my rear windscreen and checked that there is no car behind me. Then I engage reverse gear. Then suddenly, another car [SKL 1819E] was driving at fast speed up the ramp [he was coming up from 2nd floor ramp to 3rd floor]. As he was driving too fast [even though he was in carpark] and reckless, he did not stop in time and hit the back of my car. Also, as he was driving too fast, he crash onto me even before I could change to forward gear to avoid him. Hence I would like to make a claim against him on the damage caused to my car.



From Yu Ts2 Fun7
SB420781C

Signature

Accident Photo



Accident Photo



Accident Photo



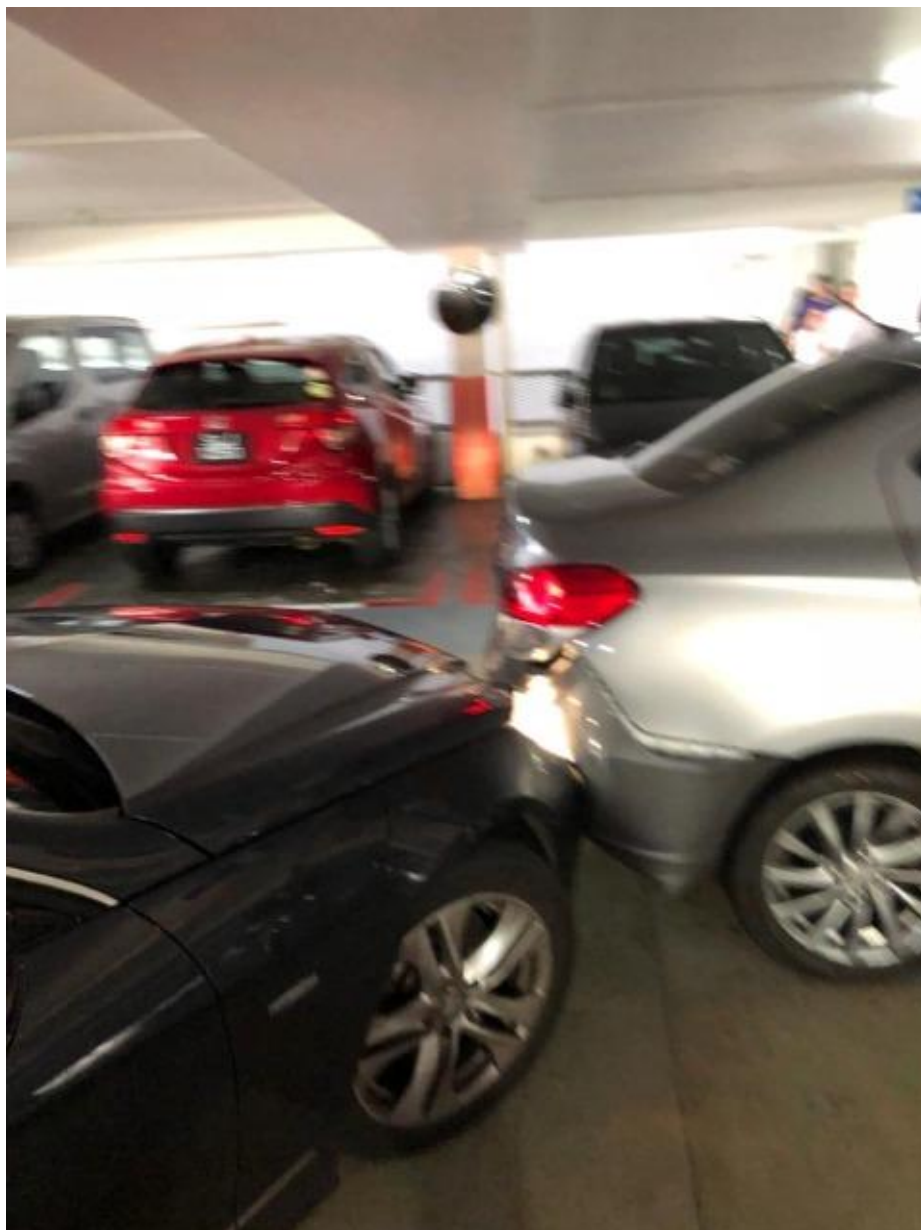
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Driving License

