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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/11/2019 12:43
Date Of Accident	14/11/2019 19:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (NEAR EUNOS EXIT)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG7140D
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-87158975
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994247
Cover Note Number	
Driver	

Name of Driver CHUA ZHENG HONG JEVON

 NRIC No
 \$9742291E

 Date Of Birth
 25/11/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 06/12/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87818338

Fax Number

Contact Number OTHERS-87158975

EMail Address NOEMAIL

Address BLK 108 TAMPINES STREET 11

#09-303

Postcode 521108

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

YES NO

Soliciting/oriening accident claims assistance.

Number of Passengers (Including Driver)

3

NAME: : MUHAMMAD YASIN BIN ELIAS

GENDER: : MALE

Passenger 2

Passenger 1

ambulance?

NAME: : ABDUL FAWWAZ BIN ABDUL FUKUR

GENDER: : MALE

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP672J
Vehicle Make/Model/Colour NISSAN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 17

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL1901A

Vehicle Make/Model/Colour MERCEDES BENZ A200

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMA4840G

Vehicle Make/Model/Colour HYUNDAI IONIC

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)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD YASIN BIN ELIAS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLG7140D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name ABDUL FAWWAZ BIN ABDUL FUKUR

Approximate Age

Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLG7140D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

CHUA ZHENG HONG JEVON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SLG7140D

YES

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- By the lodgment of this report to the insurers, you hereby consent to the eithiving of this report at the centre and to copies of
 the report being made available eforesaid.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/jaw 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 met
 - (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"]
 - all insurer(s) who have insured vahicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my. Parsonal 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 alted outside of Singapora, 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 to 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 advernment agencies as reasonably required for the purposes states, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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Policyholder's Signature Date & Time:

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

Date & Time:

Rocarting Contre Personne

NRIC/FIN No.

Sketch Plan #2

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