SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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.	ACCIDENT STATEMENT
Data Of Daniert	
Date Of Report	30/11/2019 12:10
Date Of Accident	30/11/2019 01:10
Exact Location Of Accident	PIE (TUAS) 22KM (LAMP POST 1078/2A)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFN132H
Insured/Policyholder	
Name Of Registered Owner	TAN AI LING
NRIC No	S7833724I
Email Address	DORRIE.TAN132@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96898802
Alternative Phone No	Others-96898802
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS-1.5 (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
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	1800085566
Cover Note Number	
Driver	
Name of Driver	TAN AI LING
NRIC No	S7833724I
Date Of Birth	08/11/1978
Occupation	OUTDOOR
Name of Driver NRIC No	S7833724I 08/11/1978

09/07/1997

22 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96898802

Fax Number

Contact Number OTHERS-96898802

EMail Address DORRIE.TAN132@GMAIL.COM

BLK 367 BUKIT BATOK STREET 31 #03-233 Address

Postcode 650367 Was driver an employee of the Insured's Company NO **OWNER**

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**

NO

2

NO

NO

YES

NO

1

NO

NO

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

XD8401T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

GOODS VEHICLE Vehicle Category Name of Driver NG NAK HENG

NRIC/Passport Number

Contact Number 87784062 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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

30/11/19

10.10am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ETCH PLAN		
	PIE (Tuas)	
	ric (mas)	
	100	
ane 1	60	B -maintenance vehicle
	1048/	24
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.		
was driving at	ong PIE (Tuas), these	was this vehicle (mainterm the road was wet and hit the vehicle. ome day also.
parked at the	1st lane. They As	the road was wet and
shippen, 1 me	d to swirl out and	hit the velucie.
1 just change	one two on the co	ame days also
- In change	ing the on me s.	me any wise.
		AND THE RESERVE OF THE PARTY OF
		Λ
CLARATION		/
	ulars are true in every respect.	//
	Table 100	V
Calaly		
licyholder's Signature	Orlune's Signature	Parada Carta Car
te & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
2 1 1 . 10 . 0	Date 6 Time	- Author

30/11/19 10.20am

Date & Time:

NRIC/FIN No.:











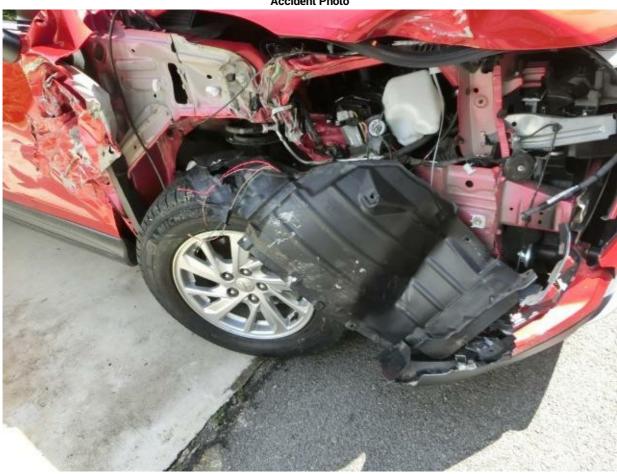


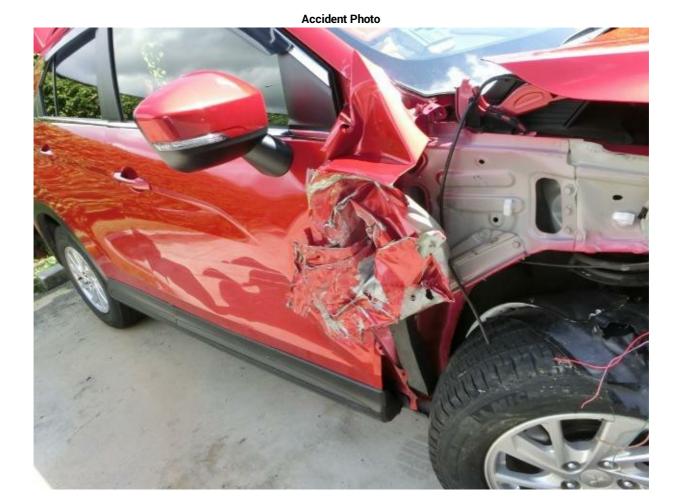


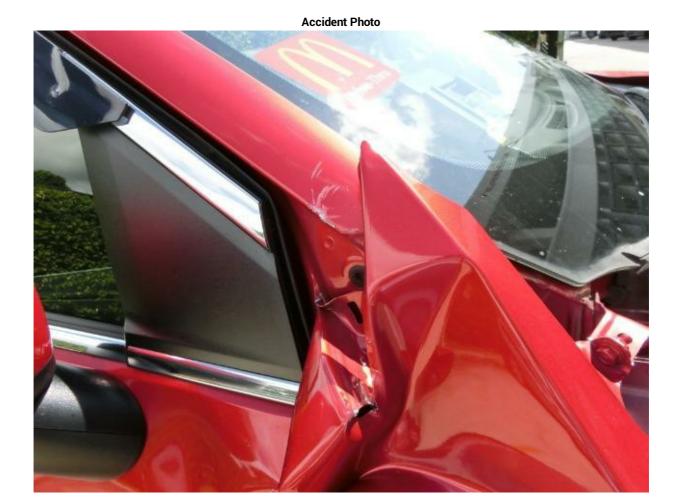


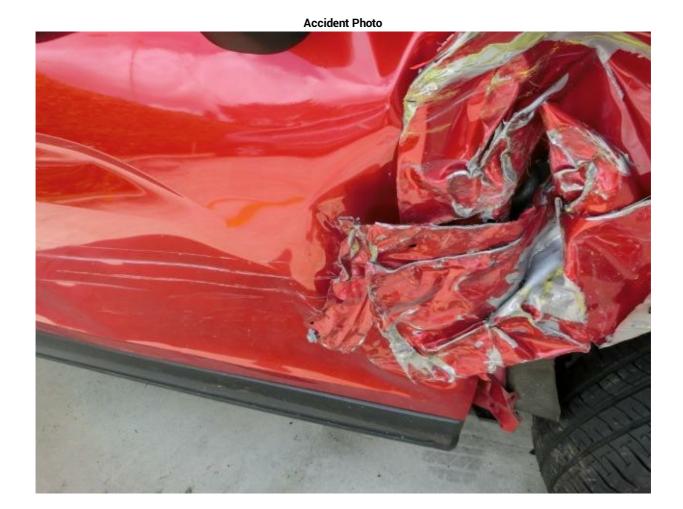










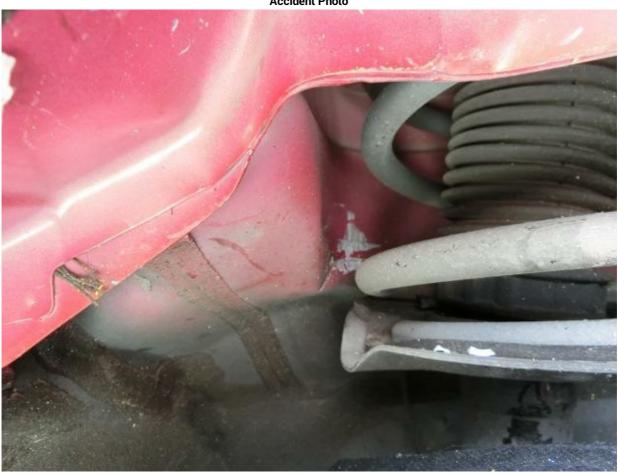


























Identification Card

