

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	02/12/2019 19:31
Date Of Accident	02/12/2019 11:50
Exact Location Of Accident	EU TONG SEN STREET NEAR PEOPLE'S PARK CAR COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCP1269R
Insured/Policyholder	
Name Of Registered Owner	TAN YANG HOW
NRIC No	S1289649B
Email Address	YHTAN6868@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96322413
Alternative Phone No	Office-63149438

Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI
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	PRIVATE CAR

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100453659-03
Cover Note Number	

Driver	
Name of Driver	TAN YANG HOW
NRIC No	S1289649B
Date Of Birth	19/03/1958
Occupation	INDOOR
Date Of Driving Pass	31/01/1985
Driving Experience	34 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96322413
Fax Number	
Contact Number	OFFICE-63149438
E-Mail Address	YHTAN6868@GMAIL.COM
Address	47 HILLVIEW AVE #01-05
Postcode	669614
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	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	3
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

AT AROUND 11 : 49 HRS THIS MORNING. AS I WAS DRIVING ALONG EU TONG SEN STREET TOWARD VICTORIA STREET DIRECTION, A COMFORT TAXI (SHD 4665 P) RAMMED INTO THE REAR OF MY A4 (SCP 1269 R) . THE MOMENTUM WAS VERY LARGE & CAUSE MY CAR TO MOVE FROWARD AND HIT A SALOON CAR (SLK 6939 C).

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	SHD4665P
Vehicle Make/Model/Colour	HYUNDAI TAXI COMFORT BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

No. Of Passenger (Including Driver)

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: 1735 hrs
02/12/2019

Driver's Signature

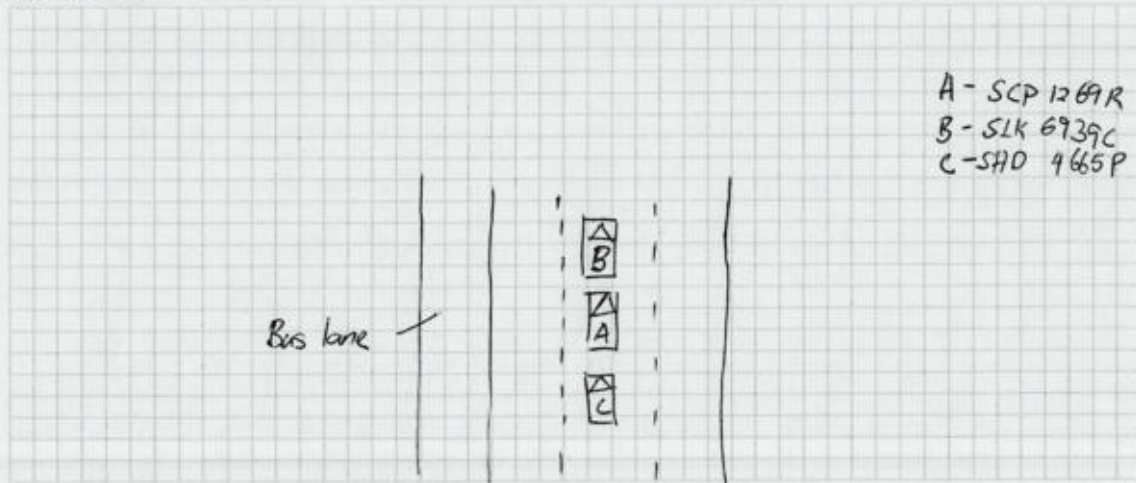
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NG HUI LEE GENE, GENE
NRIC/FIN No.: 62987143X



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 11.49/11.50hrs this morning. as I was driving along Eu Tong Sen street toward Victoria street direction, a comfort taxi SHD 4665P ramped into the rear of my A4. The momentum was very large & cause my car to move forward and hit a saloon car SLK 6939C.

DECLARATION

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

Policyholder's Signature
 Date & Time: 1735hrs
 02/12/2019

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

Reporting Centre Personnel's Signature
 Name: KONG HENRY
 NRIC/FIN No.: G299165X



Accident Photo



Accident Photo



Accident Photo



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