MKFS20005807 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 13/01/2020 17:19 SUBMITTED BY: Yen Boo

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

Date Of Driving Pass

**Driving Experience** 

- 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

	ACCIDENT STATEMENT
Date Of Report	13/01/2020 17:19
Date Of Accident	13/01/2020 11:50
Exact Location Of Accident	WOODLANDS CAUSEWAY TOWARDS JB CUSTOM MALAYSIA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJR1202P
nsured/Policyholder	
Name Of Registered Owner	LEE BEE HUA
NRIC No	S1823842Z
Email Address	HELENLBH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96648775
Alternative Phone No	Others-96648775
/ehicle Particulars	
Manufacturer	ТОУОТА
<b>N</b> odel	COROLLA ALTIS-1.6 (A)
exact Purpose for which vehicle was being used at ime of accident	
are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
lame of Driver	LEE BEE HUA
IRIC No	S1823842Z
Date Of Birth	27/12/1967

**INDOOR** 

28/02/1990

29 YEARS AND 10 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96648775

Fax Number

**Contact Number** OTHERS-96648775

**EMail Address** HELENLBH@YAHOO.COM.SG

Address APT BLK 435 HOUGANG AVE 8 #02-1667 (S) 530435

Postcode

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s)

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1 Name:

: TAN AH SWAN Gender: : Female

### **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 with attach.

## 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**

SMN5934U Vehicle Registration Number HONDA FREED Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

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- 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:
  - (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.

5.31pm

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CETCH PLAN	
ran LEDITARI  woodlands  curtan	
	A. SJR 1202P B. SMN 5934U
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
my car SJRIDODP From  towards JBCUStom. All  jemmed & Slow moving  My car har on extrem  the queue of har s  time: Solders / feith  My reat & greatRed Wo  SMN 5934U	e left lane follow  Attention art that  an injurity from
ECLARATION	

6, 13-1-20 DO.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











































