

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	11/02/2020 13:28
Date Of Accident	18/01/2020 20:00
Exact Location Of Accident	FAR EAST FLORA OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT256G
Insured/Policyholder	
Name Of Registered Owner	CHAN KAM
NRIC No	SXXXX352D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96385893
Alternative Phone No	Office-96385893

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1700063346
Cover Note Number	

Driver

Name of Driver	CHAN KAM
NRIC No	SXXXX352D
Date Of Birth	03/11/1944
Occupation	INDOOR
Date Of Driving Pass	22/01/1972
Driving Experience	47 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96385893
Fax Number	
Contact Number	OFFICE-96385893
EMail Address	NOEMAIL
Address	29 BT. TUNGGAL ROAD
Postcode	309714
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	NO 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	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

I WAS AT FAR EAST FLORA THOMSON RD TO BUY NEW YEAR FLOWER. AT THAT POINT OF TIME, I DID NOT HIT INTO ANY CAR AT THE CARPARK OF THE SAID LOCATION. TWO DAYS AGO, I RECEIVED FROM THIRD PARTY CLAIM AGAINST MY INSURANCE. I WAS SHOCKED SO I AM HERE TO DO A REPORT.

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	SFF380A
Vehicle Make/Model/Colour	
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)

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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



11/02/2020

12:15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:


Vincent Seah
Cycle & Carriage Industries Pte Ltd
Cycle Care & Repair Centre
Body Care & Repair Centre
Unit 6/7/8, 4/01 HP: 8112 0062 Email: vincent.seah@cyclecarriage.com.sg

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ^{at} ~~not~~ ^{at} Fer East ^{Flora} Thomson rd to buy new Year Flower. At that point of time I didn't hit into any car at the carpark of the said location. Two ^{days} ago I received from third party claim against my Insurance. I was shocked. So I'm here to do a report.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time 11/02/2020
12:15pm

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

Reporting Centre Person's
Name:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0662 Fax: 6872 1273
Email: vincent.seah@cyclecarriage.com.sg

Sketch Plan #4



License Number: **S0092352D**
Name: **CHAN KAM**
Birth Date: **03 Nov 1944**
Issue Date: **15 Dec 2010**

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0092352D**



Name: **CHAN KAM**
Name: **陳金**
Race: **CHINESE**
Date of Birth: **03-11-1944**
Country of Birth: **Malaysia**

S0092352D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars with unladen weight $\leq 2000\text{kg}$ with ≤ 2 passengers, excluding of driver; and other motor vehicles with unladen weight $\leq 2000\text{kg}$

EFFECTIVE DATE: **22 Jun 1972**

FOR C&C USE ONLY

License No: **S0092352D**

NP 426A

S0092352D

S0092352D

DATE OF ISSUE: **08-11-2010**

28 BRIT TUNGGAL ROAD
SINGAPORE 339714

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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