#### 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 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	29/01/2020 16:32
Date Of Accident	28/01/2020 00:00
Exact Location Of Accident	T-JUNCTION OF UPPER BUKIT TIMAH RD AND CASHEW RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG4251L
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	2XXXXX573M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84180566
Alternative Phone No	OFFICE-84180566
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 ANG HAI, SHAWN NRIC No SXXXX869J Date Of Birth 21/08/1997 Occupation **INDOOR Date Of Driving Pass** 25/11/2019

**Driving Experience** 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84180566

Fax Number

**Contact Number** OTHERS-84180566

**EMail Address NOEMAIL**  Address BLK 542B TAMPINES CENTRAL 7

#09-65

Postcode 522524

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

seurance Company 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** 

ambulance?

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?

YES

YES

NO

1

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.

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?

NO

NO

### **Circumstances of Accident**

PILEASE REFER TO SKETCH AND ATTACHMENT

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 SKU4452L

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)

**DETAILS OF INJURED PERSON 1** 

Name ANG HAI, SHAWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HAND AND NECK PAIN

SLG4251L

YES

NO

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 'iswyers/isw 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 SIA to their third party service providers or agents(including their tawyers/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.

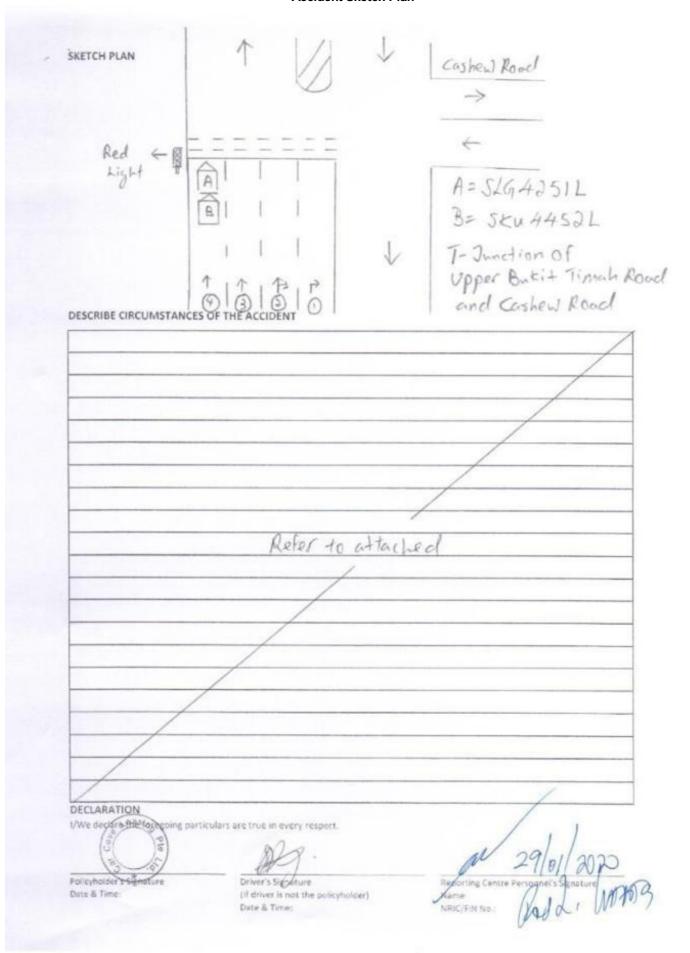
Leasing Pite

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

Date & Time:

NRIC/FIN NO

#### **Accident Sketch Plan**



### **ATTACHMENT**

On 28.01.20 at about 00:00 hours at the T- junction of Upper Bukit Timah Road and Cashew Road. While I was travelling straight on the lane 4 of Upper Bukit Timah Road towards the direction of Gombak Drive.

When approaching the traffic light I saw the traffic light turn amber, I slowed down and stopped my vehicle.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to the rear my vehicle.

Vehicle (A): SLG4251L

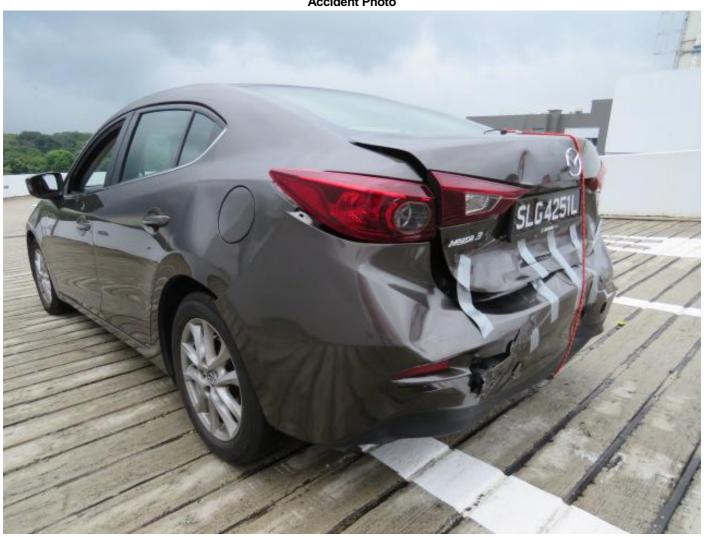
Vehicle (B): SKU4452L

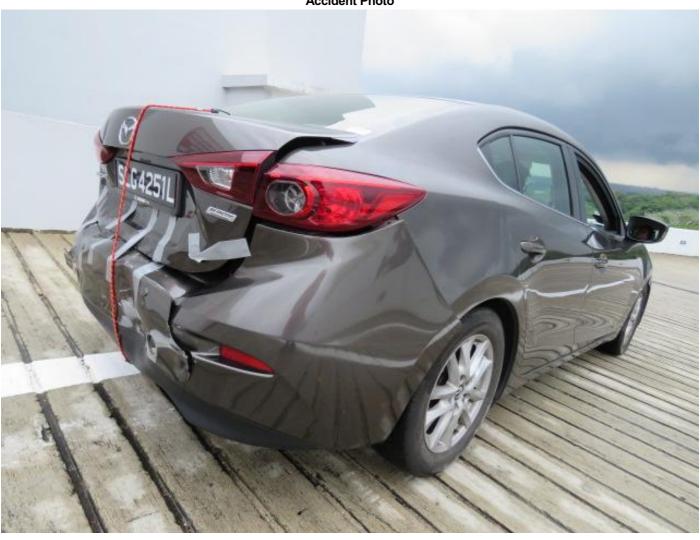
















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