

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	21/01/2020 13:30
Date Of Accident	21/01/2020 09:15
Exact Location Of Accident	JALAN ANAK BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN43U
Insured/Policyholder	
Name Of Registered Owner	SONG YAU KAR
NRIC No	S7775243I
Email Address	YAU KAR@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96658266
Alternative Phone No	Others-97567101

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100435765
Cover Note Number	

Driver

Name of Driver	LIAU EE WEI
NRIC No	S7601957F
Date Of Birth	25/01/1976
Occupation	INDOOR
Date Of Driving Pass	23/09/1996
Driving Experience	23 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97567101
Fax Number	
Contact Number	
EMail Address	LIAUEW@YAHOO.COM
Address	962 DUNEARN ROAD #08-31
Postcode	589487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	DAMP

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?	
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)	3
Passenger 1	Name: : LIAU EE YEN Gender: : Female
Passenger 2	Name: : LIAU CHU HOR Gender: : Male

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 TO THE ATTACHED SKETCH PLAN.

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	SMB1590S
Vehicle Make/Model/Colour	SMRT BUS SVC #171

Details Of Properties
Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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: 21/1/2020
11:40am



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

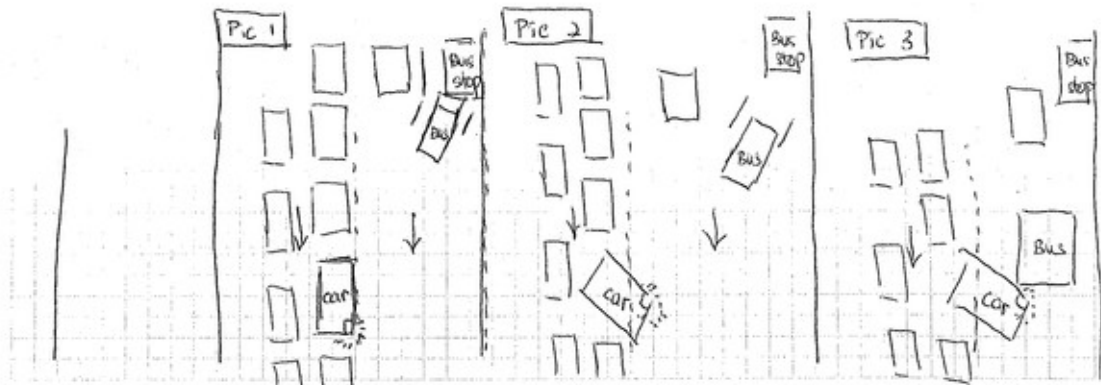
21/01/2020

11:40 a.m.



Reporting Centre Personnel's Signature
Name: Catharine Chua
NRIC/FIN No.: S1449251H

Along Jalan Anak Bukit.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pic 1 : I ~~signalled~~ ^{signalled} and waited to switch lane. I saw a bus about to move off from bus stop. There was no car in the lane. I ~~then~~ decided to switch lane.

Pic 2 : While switching into the lane slowly, the bus seems moving fast.

Pic 3 : My car was "beng" by the bus coming from behind. my car was not able to move as the wheel at the left was stuck.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/1/2020

11:40am

CIA\KAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/1/2020

11:15 a.m.

Reporting Centre Personnel's Signature

Name: Catherine Chia

NRIC/FIN No.: S1449251H

Accident Photo



Accident Photo



Accident Photo



SGN43U



SGN43U



SGN43U



SGN43U



SGN43U



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21/01/2020 12:49

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