# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/01/2020 15:48

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/01/2020 15:15
Date Of Accident	26/01/2020 12:10
Exact Location Of Accident	BLK725 BEDOK RESERVOIR RD INFRONT CP LOT 221
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM8168A
Insured/Policyholder	
Name Of Registered Owner	TONG PEI WOON
NRIC No	S8128932H
Email Address	PEIWEN.ZHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97775193
Alternative Phone No	Office-96668327
Vehicle Particulars	
Manufacturer	MINI
Model	MINI ONE 5 DOOR RHD
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	1900097836
Cover Note Number	
Driver	
Name of Driver	SEE SHUYA, VANESSA
NRIC No	S8805776G
Date Of Birth	20/02/1988
Occupation	INDOOR

30/06/2008

11 YEARS AND 6 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96525593

Fax Number

**Contact Number** OTHERS-93262988

**EMail Address** VANESSASEE@MAC.COM

APT BLK 110 MCNAIR ROAD Address

#08-263

Postcode 320110 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **RELATIVE** 

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

NO

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.

Number of Passengers (Including Driver) 1

### **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?

#### **Circumstances of Accident**

### REFER TO ABOVE STATEMENT

#### Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

### **Details of Witness 1**

**ALLAH SEOW** Name Phone Number 93262988

**Email Address** ALLAHSEOW@ME.COM

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH6224P

Vehicle Make/Model/Colour **COMFORT TAXI TOYOTA**  Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

LIM BOOH GIAP

S0202739I

96414581

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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.

Policyholder's Signature

12.30 pm

Date & Time: 3 1 20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/10/20

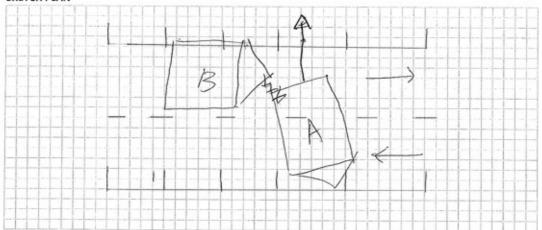
10,000kg

Reporting Centre Personnel's Signatul

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	LICENSE PLATE NO: - SMM 8168 A
ACCIDENT DATE: 26-01-2020	CONTACT NUMBER:
ACCIDENT TIME: 12 10 PM	EMAIL:
LOCATION: BLK 775 BEDOK RESERVOIR R	D S 470725
IN PRONT OF CARPARK LOT	22
WAS PRIVING AT ABOVE MENTIONED	ADDRESS ON SPECIFIED DATE
AND TIME & INTENTION TO PARK	
	DLE OF THE DRIVEWAY WITH
HAZARD LIGHTS ON WHEN RE	
LOT, TAXY CAME AND KNOCKED	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR	R YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.
PLEASE CHECK YOUR POLICY	FOR MORE INFORMATION
PLEASE STATE: ( ) CLAIM OWN POLICY ( ) CLAIM THIRD PA	ARTY ( )REPORTING ONLY

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

Policyholder's Signature
Date & Time: 3110 20 12 30 pm GIARMC SketchPlunFeon\_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/20 /2.30fm

Reporting Centre Personnel's Signature

NRIC/FIN No.:

### **Accident Photo**

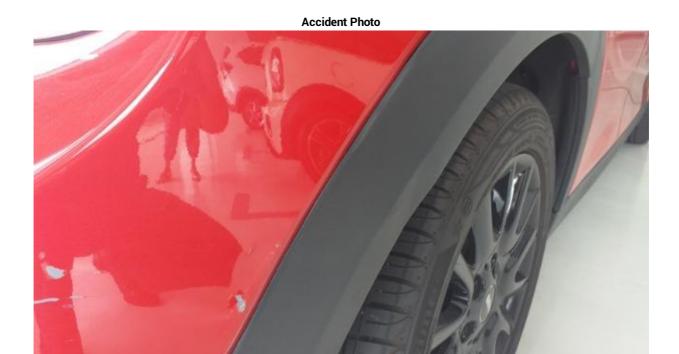




## Accident Photo







## Accident Photo





