

## 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	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
<b>Insured/Policyholder</b>	
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
Date Of Driving Pass	30/06/2008
Driving Experience	11 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96525593
Fax Number	
Contact Number	OTHERS-93262988
EMail Address	VANESSASEE@MAC.COM
Address	APT BLK 110 MCNAIR ROAD #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
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)	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

REFER TO ABOVE STATEMENT

#### Attachment(s)

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

#### Details of Witness 1

Name	ALLAH SEOW
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	TAXI
Name of Driver	LIM BOOH GIAP
NRIC/Passport Number	S0202739I
Contact Number	96414581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### 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. The 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 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: 31-01-20

12.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 31-01-20

12.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A diagram illustrating a shear joint between two blocks, A and B, under normal and shear stresses. Block B is on the left and block A is on the right. They are separated by a diagonal interface line. A vertical arrow pointing upwards is labeled 'A' and represents the normal stress. A horizontal arrow pointing to the right is labeled 'B' and represents the shear stress. The interface is marked with diagonal hatching lines.

LICENSE PLATE NO: - SMM 8168 A


ACCIDENT DATE: 26-01-2020	LICENSE PLATE NO: JMT14510071
ACCIDENT TIME: 1210 PM	CONTACT NUMBER:
LOCATION: BLK 775 BEDOK RESERVOIR RD S 470725	EMAIL:
IN FRONT OF CARPARK LOT 221	
WAS DRIVING AT ABOVE MENTIONED ADDRESS ON SPECIFIED DATE AND TIME, & INTENTION TO PARK AT THE INDICATED LOT. CAR WAS POSITIONED IN THE MIDDLE OF THE DRIVEWAY WITH HAZARD LIGHTS ON. WHEN REVERSING INTO THE CARPARK LOT, TAXI CAME AND KNOCKED MY CAR.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY	

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 3/11/20 12:30pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/1/20 12:30pm

REPORTING ONLY



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo

