

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	30/01/2020 13:40
Date Of Accident	29/01/2020 22:40
Exact Location Of Accident	238A SERANGOON AVE 2 (MSCP) 1ST FLOOR SLOPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7179Y
Insured/Policyholder	
Name Of Registered Owner	HWANG KIAN HIN RAYMOND
NRIC No	S1491652J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98154155
Alternative Phone No	Home-67475849

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	1800101979
Cover Note Number	

Driver

Name of Driver	ALICIA HWANG XUEQI
NRIC No	S9120265D
Date Of Birth	08/06/1991
Occupation	INDOOR
Date Of Driving Pass	24/01/2018
Driving Experience	2 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98154155
Fax Number	
Contact Number	
E-Mail Address	ALICIAHWANGXQ@GMAIL.COM
Address	BLK 130 BEDOK RESERVOIR ROAD #08-1349
Postcode	470130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET FLOOR

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

REFER TO ATTACHMENT

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG4566C
Vehicle Make/Model/Colour	BLACK VW
Details Of Properties	LOWER REAR RIGHT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	KIEW WAN TONG
NRIC/Passport Number	S1773293E
Contact Number	94356823

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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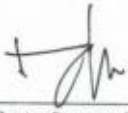
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

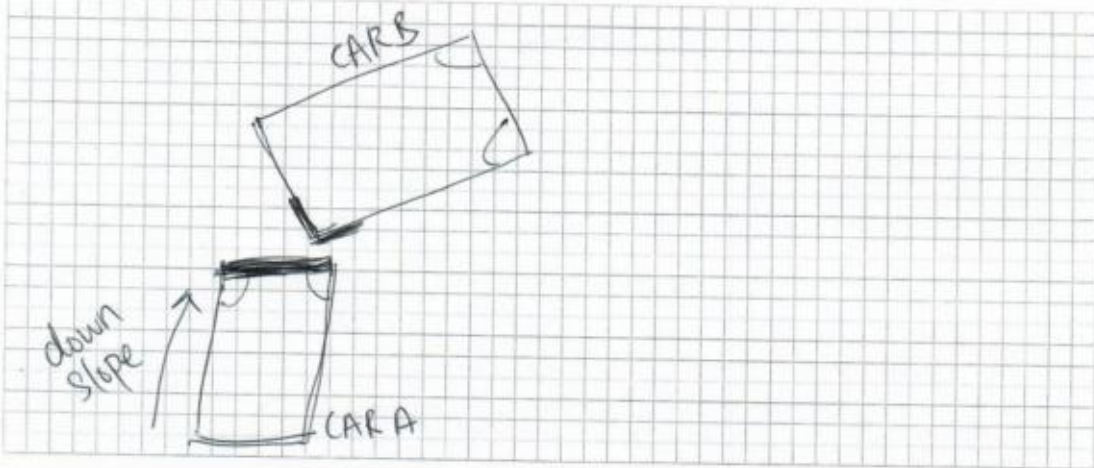
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/01/20


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/01/20, I was at Blk 238A, Serangoon Ave 2 (MSCP), exiting the carpark, heading home. I was parked at level 2. Upon driving off I applied the brakes a few time to clear the water lock. When I was about to turn ~~to~~ into the last down slope to exit the carpark, the car went down really fast and I could not apply the brakes in time. There was a car S1G 4566 C in front of me, stationary, at the bottom of the slope. I immediately pulled the hand brake and got out of the scene and tried to stop the car. I just hit as he was about to ~~drive~~ drive off. The driver Mr Liew, ~~was~~ appeared very calm and unaware of me hitting him as I asked him why didn't he stop. We then exchanged contacts and details.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/01/20

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Identification Card

