SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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

Date Of Accident 05/02/2020 08:30 Exact Location Of Accident PIE TUAS NEAR THOMSON EXIT Country/State of Loss SINCAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMG675L Insured/Policyholder Name Of Registered Owner LEE MOOI FAH NRIC No S253315D Email Address ELAINELY@HOTMAIL.COM (LOCAL) +65-93541608 Alternative Phone No (LOCAL) +65-93541608 Alternative Phone No Office-NOPHONE Vehicle Particulars MAZDA Model 6-2.0 4-DOOR SEDAN (A) Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 Number Cover Note Number Driver Name of Driver LIM ZHONG TING NRIC No S9347565H	 By the loagement of this report to the insurers, you nereby conse aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
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Mobile Phone No Alternative Phone No Office-NOPHONE Vehicle Particulars Manufacture Model Exact Purpose for which vehicle was being used at irme of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken If No, Please State action to Please St	NRIC No	S2553515D
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Policy Number Cover Note Number Driver Name of Driver LIM ZHONG TING NRIC No S9347565H	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver LIM ZHONG TING NRIC No S9347565H	Fleet Policy	NO
DriverName of DriverLIM ZHONG TINGNRIC NoS9347565H	Policy Number	
Name of Driver LIM ZHONG TING NRIC No S9347565H	Cover Note Number	
NRIC No S9347565H	Driver	
	Name of Driver	LIM ZHONG TING
Date Of Birth 08/12/1993	NRIC No	S9347565H
	Date Of Birth	08/12/1993

INDOOR

30/07/2014

5 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90210085

Fax Number

Contact Number

EMail Address NOEMAIL

Address 11A KEE CHOE AVE

Postcode 348953

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 **CHAIN COLLISION**

6

NO

NO

NO

NO

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

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.

1 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?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC2263A

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver MR CHNG

NRIC/Passport Number

Contact Number 98512867 Address Postcode

Insurance Company Name

NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK7661X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TINA

NRIC/Passport Number

Contact Number 97438007

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.
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- 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.

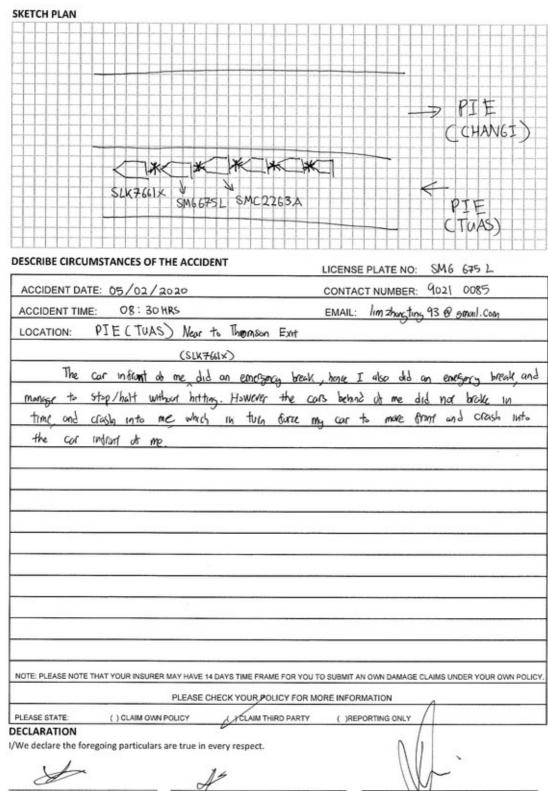
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

05/02/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time:

05/02/2020 GIARMC SketchPlanForm_V3 Driver's Signature

(If driver is not the policyholder)

Date & Time:

05/02/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











