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 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

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	ACCIDENT STATEMENT
Date Of Report	03/02/2020 17:21
Date Of Accident	24/01/2020 07:15
Exact Location Of Accident	BKE AFTER PIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF367G
Insured/Policyholder	
Name Of Registered Owner	KOH ZHAN YU
NRIC No	SXXXX609F
Email Address	KOHZHANYU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90033995
Alternative Phone No	OFFICE-90033995
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI CO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1800124130-01
Cover Note Number	

Driver

Name of Driver **KOH ZHAN YU** NRIC No SXXXX609F 06/02/1991 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 27/05/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90033995

Fax Number

Contact Number OFFICE-90033995

EMail Address KOHZHANYU@GMAIL.COM BLK 244 BUKIT PANJANG RING ROAD

1

NO

NO

1

#03-191

Postcode 670244

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

Other Information

Address

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? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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? NO

If Yes, against whom?

Circumstances of Accident

I WAS ON MY WAY HOME FROM SPENDING THE NIGHT AT MY FRIEND'S HOUSE. AFTER THE BEND GOING ONTO BKE FROM PIE, A MOTORCYCLE SWERVE INTO MY LANE AND FROM SHOCK, I SWERVE TO THE RIGHT TO AVOID THE MOTORCYCLIST. THIS CAUSED ME TO HOT SOME BUSHES IN FRONT OF THE RAILING OF THE EXPRESSWAY DIVIDER. I DIDN'T THINK MUCH OF IT AS FIRST BECAUSE THERE WASN'T ANY HARD IMPACT. JUST SOME GRASS SOUNDS, SO I THOUGHT ONLY SCRATCH. IT WAS WHEN I COULDN'T OPEN THE DOOR THAT I REALISED THE SERIOUSNESS OF WHAT HAPPENED. I REPORTED LATE DUE TO BEING BUSY DURING CHINESE NEW YEAR AS THERE WAS LOTS OF ERRANDS TO RUN AND PLACES TO GO

Attachment(s)

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

SKETCH PLAN

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- 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.
- 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:
 - 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: 050270

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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kyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
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Date & Time:

NRIC/FIN No.:





































































