

## 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 08/02/2020 13:22  
Date Of Accident 07/02/2020 18:35  
Exact Location Of Accident JALAN TIONG REDHILL  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF7053R  
**Insured/Policyholder**  
Name Of Registered Owner SHEN YUNTING  
NRIC No SXXXX725H  
Email Address SHEN.YUNTING@GMAIL.COM  
Mobile Phone No (LOCAL) +65-92968478  
Alternative Phone No OTHERS-92968478

### Vehicle Particulars

Manufacturer KIA  
Model CERATO 1.6(A) EX

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? 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  
Cover Note Number

### Driver

Name of Driver SHEN YUNTING  
NRIC No SXXXX725H  
Date Of Birth 12/06/1984  
Occupation INDOOR  
Date Of Driving Pass 08/04/2006  
Driving Experience 13 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92968478  
Fax Number  
Contact Number OTHERS-92968478  
Email Address SHEN.YUNTING@GMAIL.COM

Address BLK 443D FAJAR ROAD  
 #11-60  
 674443  
 Postcode  
 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 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 SKETCH PLAN

### Attachment(s)

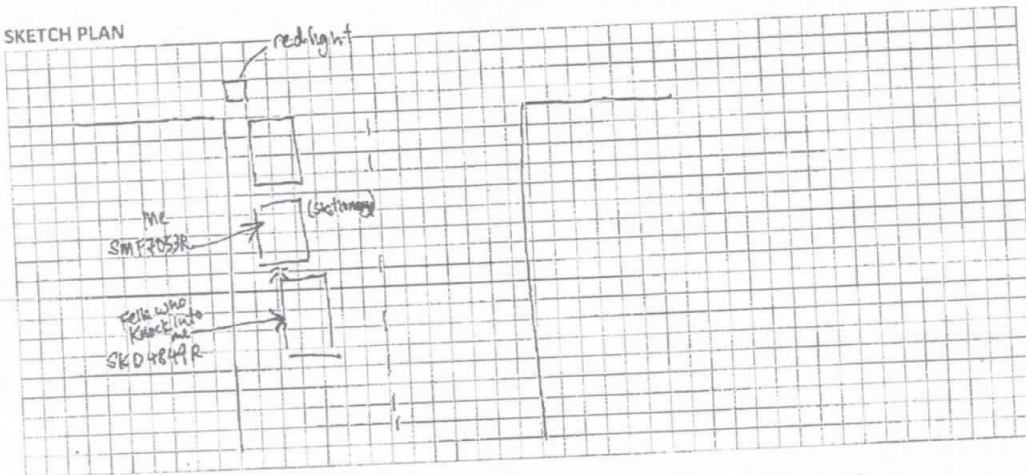
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD4849R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver KOH WEI  
 NRIC/Passport Number SXXXX169F  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

28 Feb 2020

LICENSE PLATE: SMF 7053R

ACCIDENT DATE & TIME: 18:36

CONTACT NUMBER: 92968478

E-MAIL ADDRESS: shen.yunting@gmail.com

LOCATION: Red light at Jln Tiong, Redhill.

My vehicle stopped at the junction of Tiong Bahru Rd and Jln Tiong as there was a traffic light was red. My car was stationary when a car, SKD 4849R, knocked into my car from the back.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy

☐ Claim Third Party

☒ Claim OD/TP at other workshop

☐ Reporting Only

## 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:

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

SKETCH PLAN

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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:

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

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