#### 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 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.
- nort to the inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	01/04/2020 13:49	
Date Of Accident	31/03/2020 18:40	
Exact Location Of Accident	SLE TOWARDS CHANGI AIRPORT NEAR THE EXIT OF WOOD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGE1811K	
Insured/Policyholder		
Name Of Registered Owner	MS CRYSTAL GOH SHIYUN	
NRIC No	S9128100G	
Email Address	CRYSGOGGLE@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-81007898	
Alternative Phone No	Office-81007898	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	2-1.5 HATCHBACK (A)	
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		
Cover Note Number		
Driver		
Name of Driver	MS CRYSTAL GOH SHIYUN	
NRIC No	S9128100G	
Date Of Birth	06/08/1991	

**INDOOR** 

10/05/2016

3 YEARS AND 10 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-81007898

Fax Number

**Contact Number** OFFICE-81007898

**EMail Address** CRYSGOGGLE@GMAIL.COM

Address BLK 69 CHOA CHU KANG LOOP #08-09

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** 

2

NO

NO

YES

NO

1

NO

NO

**Weather Conditions CLEAR** DRY Road Surface

#### 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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes, against whom?

#### **Circumstances of Accident**

#### REFER TO SKETCH PLAN

#### Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SGBB1637Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

SAKTHIV Name of Driver

NRIC/Passport Number

Contact Number 83081846 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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
- 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)
  - (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 Sign:

Date & Time: 1/4/2020

river's Signature (If driver is not the

Date & Time: 14 2020

Reporting Cer Personnel's Signature

Name:

NRIC/FIN No.:

98816377	
લ્લદાઉગ્રદ	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	LICENSE PLATE NO.:
ACCIDENT DATE: 31/3/2020	CONTACT NO.: 81007878
ACCIDENT TIME: 1845	EMAIL: crysgoggle & geneil-com.
LOCATION: SLE towards Changi near exit o	
On the above dote time and location	1. I rear ended which GBB16374.
	lanced up to check my rear view
gairron and thought that I had a	already placed my foot on the
brake pedal. Turns out that 1	did not and to me volicle
	Y in He rear. There were no injuries
or police called down to ocean	, we moved our vehicles to a slip
	and my vehicle was subsequently
towed away.	
NOTE: PLEASE NOTE THAT YOUR INSURER MA	AY HAVE 14 DAYS TIME FRAME FOR YOU TO
SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR	OWN POLICY. PLEASE CHECK YOUR POLICY
	M OWN POLICY [ ] CLAIM THIRD PARTY
ECLARATION	( ) propagating out of
We declare the foregoing particulars are true in every respect.	[ ] REPORTING ONLY
July / cm	The following
licyholder's Signature  tte & Time: 14 200 (If driver is not the policy	Reporting Centre Personnel's Signature
Date & Time: 1 4 >>>	holder) Name: NRIC/FIN No.:
MARY Made of Conservers, MY	



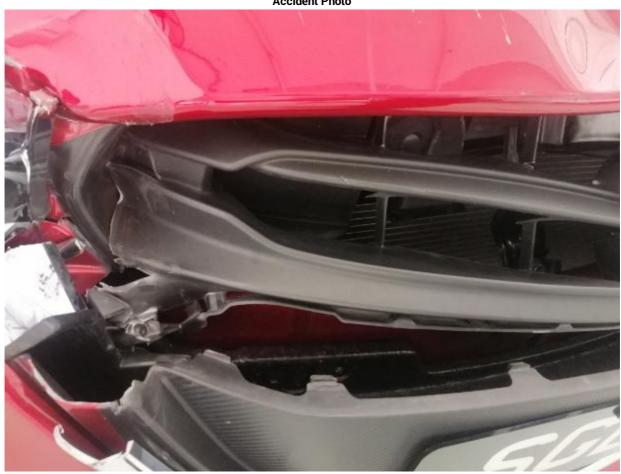






























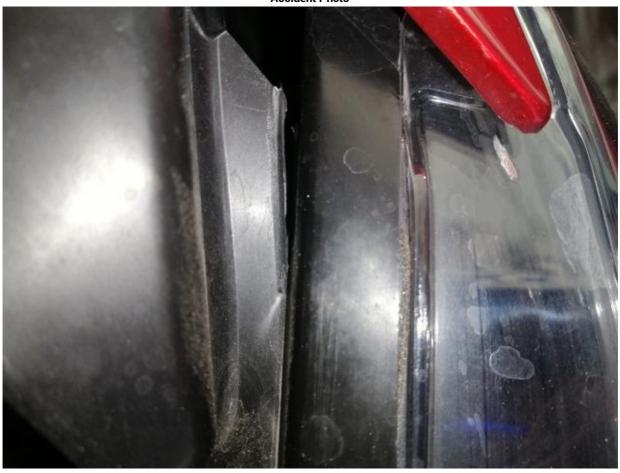
















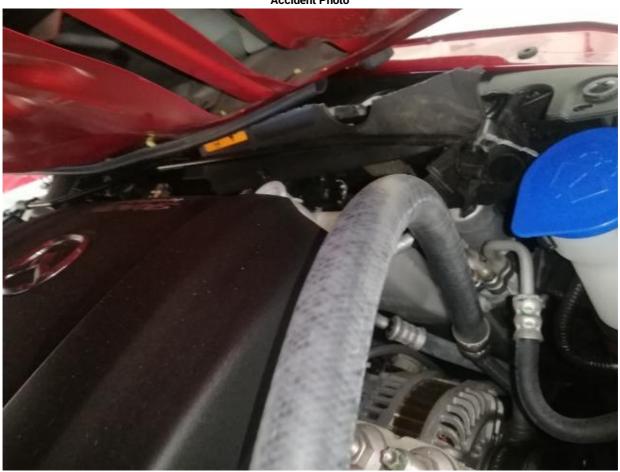












**Accident Photo** 













