SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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.
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Action of Accident 03/04/2020 10:20 Exact Location Of Accident INFRT OF COMFORT DELGRO DRIVING CENTRE UBI AVE4 SINGAPORE DETAILS OF OWN VEHICLE Whicle Registration Number SFK9218B MR NG TIONG GUAN HIRIC NO S6679029H Small Address NOEMAIL Mobile Phone No (LOCAL) +65-97976840 Whicle Particulars Whould Have the provided was being used at time of accident voyour vehicle? No Please state action to be taken THIRD PARTY Whicle Category PRIVATE CAR INSURANCE COMPARE MIRIC NO COMPREHENSIVE Who Of Coverage COMPREHENSIVE DOWN VEHICLE MAH SAU KIN S6879900G MAH SAU KIN S6879900G MAH SAU KIN MAH SAU KIN S6879900G	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
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Mobile Phone No Meternative Phone No MazDA 3-1.5 (A) Stacet Purpose for which vehicle was being used at ime of accident Meter you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Molecular Aller Party Methicle Category Molecular Aller CAR Insurance Company Mane of Insurance Company Alia ASIA PACIFIC INSURANCE PTE. LTD. Cope Of Coverage Compression Cover Note Number Cover Note Number Cover Note Number Mah SAU KIN Methods Methods Mah SAU KIN Methods Methods Maternative Phone No Methods Methods Methods Methods Maternative Phone No Methods Meth	NRIC No	S6879029H
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Model 3-1.5 (A) Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR INSURANCE COMPANY Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Pelicy No Policy Number Cover Note Number Cover Note Number Driver NAMH SAU KIN S6879900G	Vehicle Particulars	
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Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Pl	Model	3-1.5 (A)
or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE CAR Insurance Company No AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver NAME of Driver MAH SAU KIN NRIC No S6879900G	Exact Purpose for which vehicle was being used at time of accident	
Rehicle Category PRIVATE CAR	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE NO Policy Number Cover Note Number Driver Name of Driver MAH SAU KIN NRIC No S6879900G	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver MAH SAU KIN NRIC No S6879900G	Vehicle Category	PRIVATE CAR
COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Priver Name of Driver MAH SAU KIN NRIC No S6879900G	Insurance Company	
Fleet Policy Policy Number Cover Note Number Driver Mame of Driver MRIC No S6879900G	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number Cover Note Number Driver MAH SAU KIN NRIC No S6879900G	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver MAH SAU KIN NRIC No S6879900G	Fleet Policy	NO
Driver Name of Driver MAH SAU KIN NRIC No S6879900G	Policy Number	
Name of Driver MAH SAU KIN NRIC No S6879900G	Cover Note Number	
NRIC No S6879900G	Driver	
	Name of Driver	MAH SAU KIN
Oate Of Birth 03/10/1968	NRIC No	S6879900G
	Date Of Birth	03/10/1968

INDOOR

13/10/1999

20 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98443983

Fax Number

Postcode

Contact Number

EMail Address NOEMAIL

1 FORT ROAD Address

#21-04 439069

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE **Weather Conditions RAINING Road Surface** WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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 2

Number of Passengers (Including Driver)

Passenger 1 : NG LING SHAN Name:

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED

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 SLR4250G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE Name of Driver NRIC/Passport Number

LIM GIM HOO

Contact Number

83893018

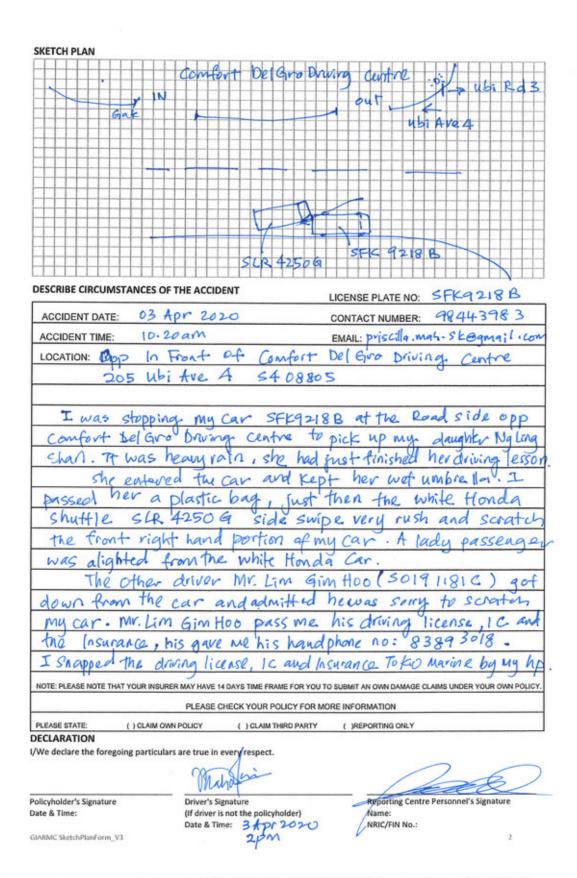
Address Postcode

Insurance Company Name

Tokio Marine Insurance Singapore Ltd

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

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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 .
 - (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:
 - 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: 03

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











