

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 ability.
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	16/05/2018 10:26
Date Of Accident	15/05/2018 21:55
Exact Location Of Accident	TANPINIES MALL CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7332C
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Insured/Policyholder

Name Of Registered Owner	HENG KIA (WANG JIA)
NRIC No	S7231708D
Email Address	HENGKIA@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96729500
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100477495-01
Cover Note Number	

Driver

Name of Driver	HENG KIA (WANG JIA)
NRIC No	S7231708D
Date Of Birth	09/09/1972
Occupation	INDOOR
Date Of Driving Pass	26/05/1992
Driving Experience	25 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96729500
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	HENGKIA@OUTLOOK.COM
Address	BLK 637C PUNGGOL DRIVE #12-407 S(823637)
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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
Number of Passengers (Including Driver)	4
Passenger 1	Name: : 1 Gender: : Male
Passenger 2	Name: : 2 Gender: : Female
Passenger 3	Name: : 3 Gender: : Female

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

KINDLY REFER TO DOCUMENT.

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

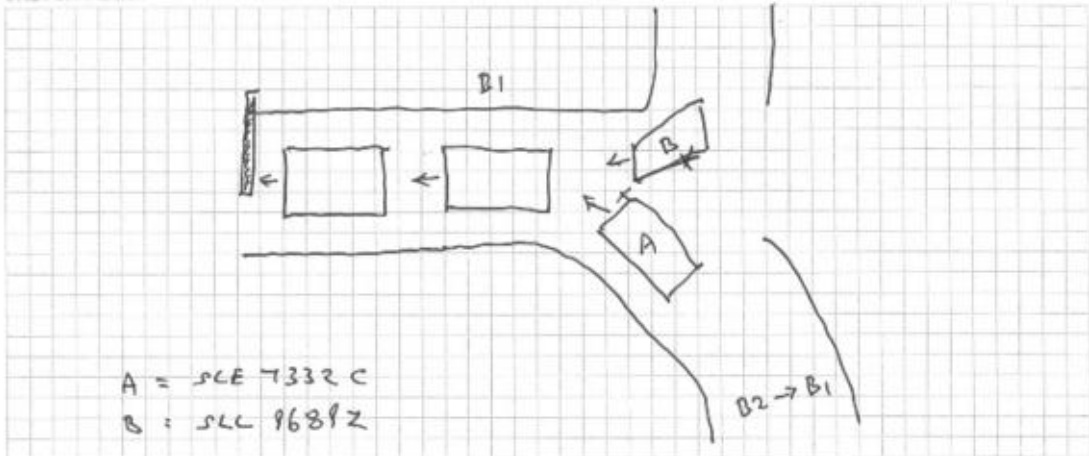
Vehicle Registration Number	SLL9689Z
Vehicle Make/Model/Colour	SUBARU / XV / WHITE

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	TOH WAI MUN
NRIC/Passport Number	S6900674D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- EXITING TAMPAWES MALL CARPARK MOVING FROM R2 TO R1 CARPARK GANTRY EXIT AND ~~AT~~ QUEUE UP FOR THE EXIT. WAITED FOR ONE MINUTE.
- 2 CARS IN FRONT ~~AND~~ OF GANTRY BEGINS MOVING OFF, I DO A LEFT TURN TO FORM UP FOR EXIT.
- THE OTHER INCIDENT CAR ^(SLE 9689 Z) DID A RIGHT TURN WITHOUT ~~1-STOP~~ STOPPING.
- POINT OF IMPACT (SCRATCHES) WAS NEAR THE GANTRY WITH THE SLE 9689 Z CUTTING INTO LANE. ~~AND~~
- HE ~~TRIP~~ WAS TOTALLY NOT AWARE SCRAPPING MY VEHICLE AND MOVE OFF.
- AFTER 3 ATTEMPTS TO GET HIS ATTENTION, CAR FINALLY STOP OUTSIDE CENTURY MALL SHOPPING CENTRE.
- ~~HARD~~ FROM INITIAL CONVERSATION, OWNER & WIFE OF ~~THE~~ SLE 9689 Z WAS TOTALLY NOT AWARE OF INCIDENT. AND WAS ARGUMENT ORANIED.
- ONLY UPON MY INDICATION TO CHECK, THEY RESOLVE THE SCRATCHES.
- ~~OWNER OF SLE 320 PART~~ WAS NOT IN RIGHT FRAME OF MIND TO HEAR OF FURTHER SETTLEMENT.

DECLARATION


I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:
16.05.18 / 0837 HR

GIAMC SketchPlanForm_V3

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


Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN No.: 890015180

SKETCH PLAN

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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

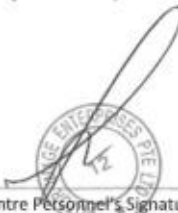
Date & Time:

16.05.18 / 0837H

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: DANIEL JUDE

NRIC/FIN No.: S9001518D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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