SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 7 By the lodgement of this report to the inont to the ort at the

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	08/06/2020 14:14
Date Of Accident	06/06/2020 11:45
Exact Location Of Accident	SEMBAWANG ROAD AND JALAN MATA AYER JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS6878P
Insured/Policyholder	
Name Of Registered Owner	TAN LAY GEOK
NRIC No	S1297570H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98263801
Alternative Phone No	Office-98263801
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 1.8 TFSI ULTRA
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	2100420155-04
Cover Note Number	
Driver	
Name of Driver	YEO JIANHAO, MITCHELL (YANG JIANHAO)
NRIC No	S8917984Z
Date Of Birth	26/05/1989
Occupation	INDOOR

15/12/2010

9 YEARS AND 5 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90706527

Fax Number

Contact Number

EMail Address MITCHELL.YEO@GMAIL.COM

Address **7 LENTOR STREET**

Postcode 786753 Was driver an employee of the Insured's Company NO

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

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? 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? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : JEWEL YI Name:

Gender: : Female

Passenger 2 Name: : WAI JIA Gender: : Female

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?

NO

NO

2

NO

NO

NO

3

Circumstances of Accident

IT WAS DRIZZLING AND THE ROAD CONDITIONS WERE WET. I WAS DRIVING NORTHWARD ALONG SEMBAWANG RD, AT THE JUNCTION WITH JLN MATA AYER. I WAS WEARING A MASK WHILE DRIVING. AT THE JUNCTION, I DID NOT NOTICE THE TRAFFIC LIGHT HAD BEEN RED OR TURNED RED. I BRAKED WHEN I NOTICED THE CARS ON THE LEFT STOPPED. I BEING ON THE RIGHT-MOST LANE. HOWEVER, THE CAR SKE 3769 P HAD ALREADY STARTED TURNING INTO SEMBAWANG RD AND I COULD NOT BRAKE IN TIME TO AVOID SKE 3769 E. THE FRONT-RIGHT OF SKS 6878 P COLLIDED INTO THE REAR-RIGHT SIDE OF SKE 3769 P, AT AROUND THE REAR-RIGHT DOOR HANDLE. BOTH CARS STOPPED FOR DRIVERS TO EXCHANGE PARTICULARS.

Attachment(s)

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

Details of Witness 1

Name JEWEL YI
Phone Number 90018111

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE3769P

Vehicle Make/Model/Colour VOLKSWAGEN TIGUAN 280TSI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HAMZAH BIN OSOP

NRIC/Passport Number S7713143D Contact Number 98528911

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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:
 - (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: 8 June 2020

1241 his

Reporting Centre Personnel's Signature

Name: Toll Food

NRIC/FIN No.:

6 20401971







































