Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/06/2020 16:53

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 <u>truthful and accurate</u> 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 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	15/06/2020 16:28			
Date Of Accident	20/05/2020 21:00			
Exact Location Of Accident	EDGEDALE PLAINS			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMA1001G			
Insured/Policyholder				
Name Of Registered Owner	NG YAU TUNG (WU YOUTONG)			
NRIC No	S8471093H			
Email Address	YAUTUNG@YAHOO.COM			
Mobile Phone No	(LOCAL) +65-96191555			
Alternative Phone No	Office-96191555			
Vehicle Particulars				
Manufacturer	AUDI			
Model	TT ROADSTER 1.8 TFSI S TRONIC			
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?	NO			
f 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	1800035810-02			
Cover Note Number				
Driver				
Name of Driver	NG YAU TUNG (WU YOUTONG)			
NRIC No	S8471093H			
Date Of Birth	14/04/1984			

29/03/2005

15 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-96191555

Fax Number

Contact Number OFFICE-96191555

EMail Address YAUTUNG@YAHOO.COM

BLK 138 EDGEDALE PLAINS Address

#09-102

Postcode 820138 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 NO COLLISION

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?

NO

NO

1

NO

Was any other material or property damaged? NO

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? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG EDGEDALE PLAINS AT 9PM ON THE 20/5/20 BEFORE TURNING INTO MY CARPARK. I NOTICED A MOTORCYCLE CLOSE BEHIND ME AT THE POINT OF TIME. AS THERE WAS AN ONCOMING CAR TURNING OUT OF THE CARPARK, I HAD TO BRAKE HARD TO SLOW DOWN. I ENTERED THE CAR PARK AND LOST SIGHT OF THE MOTORCYCLE. I PARKED MY CAR AND WENT HOME AS USUAL. THE FOLLOWING DAY, I RECEIBED A CALL FROM THE TRAFFIC POLICE STATING THAT MY CAR WAS INVOLVED IN AN ACCIDENT WITH A MOTORBIKE. I WAS UNAWARE OF ANY ACCIDENT. FROM WHAT I KNOW, I DO NOT HEAR ANY COLLISION SOUND OR FELT ANY IMPACT

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBE5248U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

Sketch Plan

SKETCH PLAN

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 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:
 - 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 daims (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

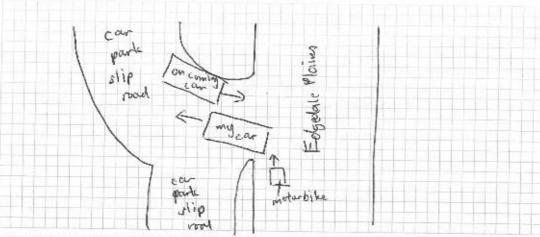
of driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name Terrence Tan

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 w	roa travelling e turning	into any	Edgedale f	laims at a	I pu on the	10/5/
behilm car	e turning at turning out	the point	of fine	As there	was an on co	ming
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DECLARATION

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

Policyholder's Signature
Date & Time: 450m.

Driver is not the policyholder Comm.
Date & Time;

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

GERBAC Steleb Funition VS













