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 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	13/07/2020 14:11
Date Of Accident	13/07/2020 08:30
Exact Location Of Accident	KPE(TOWARDS CITY) AFTER TAMPINES ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

Insured/Policyholder

Name Of Registered Owner QUIRK JIN XING NRIC No SXXXX761H

Email Address TUNE_SWAT@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-91267103
Alternative Phone No OFFICE-91267103

Vehicle Particulars

Manufacturer MAZDA

Model MAZDA 3 1.5 SKYACTIV

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

If No, Please state action to be taken THIRD PARTY

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 1700005611-03

Cover Note Number

Driver

 Name of Driver
 QUIRK JIN XING

 NRIC No
 SXXXX761H

 Date Of Birth
 16/08/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 04/06/2008

Driving Experience 12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91267103

Fax Number

Contact Number OFFICE-91267103

EMail Address TUNE_SWAT@HOTMAIL.COM

BLK 301 SERANGOON AVENUE 2 #04-342 Address

Postcode 550301

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

COLLISION - HEAD TO REAR Type Of Accident

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? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

2 Number of Passengers (Including Driver)

Passenger 1

NAME:

: LOH SIN HUI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

Police Station Address **SINGAPORE**

TEL NO: 1800-4849999 - FAX NO: 62181399 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to Sketch Plan and Police Report: T/20200713/2029

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

SLG811Y Vehicle Registration Number

MITSUBSHI OUTLANDER Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LEE LAI WEI Name of Driver SXXXX544E NRIC/Passport Number 93676333 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1	
Name	QUIRK JIN XING	
Approximate Age	35	
Injuries Sustain	NECK AND LOWER LUMBAR	
Injured person in which vehicle?	SLN1993L	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address	BLK 301 SERANGOON AVENUE 2 #04-342	
Postcode	550301	

SKETCH PLAN

IMPORTANT NOTICE

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- 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) 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:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Tourn Cook

NRIC/FIN No.: 13 JUL 202

SKETCH PLAN

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DECLARATION

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

Policyholder's Signature Date & Time 13 Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnal 3 Stant 1920
Name:

NRIC/FIN No.: