MPA220068755 / Progressive Car Care Pte Ltd - HQ ENTRY DATE & TIME: 13/08/2020 17:33 SUBMITTED BY: Ng Pei Wen

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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	13/08/2020 17:33
Date Of Accident	12/08/2020 12:10
Exact Location Of Accident	CROSS STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL4991H
Insured/Policyholder	
Name Of Registered Owner	TANG BAK HAK
NRIC No	S0893354E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97472499
Alternative Phone No	Others-97472499
Vehicle Particulars	
Manufacturer	MAZDA
Model	2-1.5 HATCHBACK L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100502229
Cover Note Number	
Driver	
Name of Driver	TANG BAK HAK
NRIC No	S0893354E
Date Of Birth	06/12/1941
river ame of Driver RIC No	S0893354E

INDOOR

29/03/1960

60 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97472499

Fax Number

Contact Number OTHERS-97472499

EMail Address NOEMAIL

BLK 34 TELOK BLANGAH WAY #13-1062 Address

SINGAPORE

Postcode 090034 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 **COLLISION - HEAD TO REAR**

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

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) 1

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

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 SHC5631K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NG SOH CHYE S0681913C NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)
 - (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
- 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.
- 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.

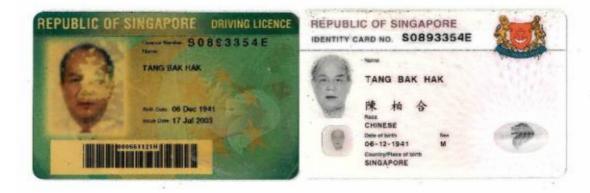
Pollcyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

NRIC/FIN No .:

	-	Vehicle
	9.74	Vehicle A-SLL 499
		B-SHC563
	B	
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		Vehicle Motorcycla
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JECI ARATION		^
DECLARATION /We declare the foregoing particul	ars are true in every respect.	
	ars are true in every respect. ne a fourteen (14) days clause whereby the claim against own our policy for more details.	policy must be made within the stipulated timefram
	ars are true in every respect. ve a fourteen (14) days clause whereby the claim against own our policy for more details.	policy must be made whin the stipulated timefram
	ars are true in every respect. Note a fourteen (14) days clause whereby the claim against own our policy for more details. Driver's Signature	policy must be made within the stipulated timefram
/We declare the foregoing particul lease be advised that your injurermey ha from the day of occurrence kindly thack y	Driver's Signature () if driver is not the policyholder)	///













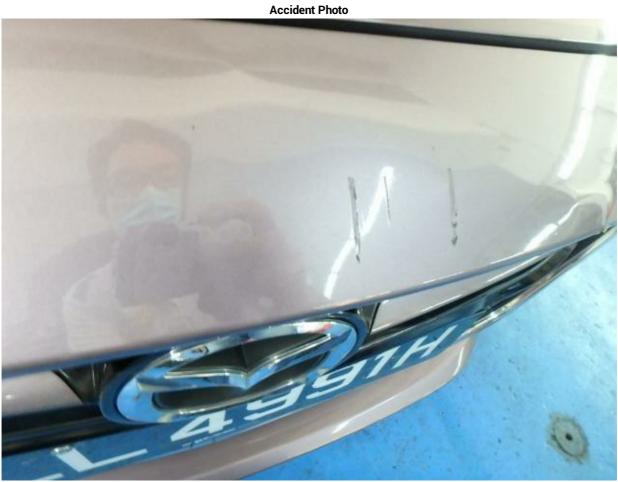












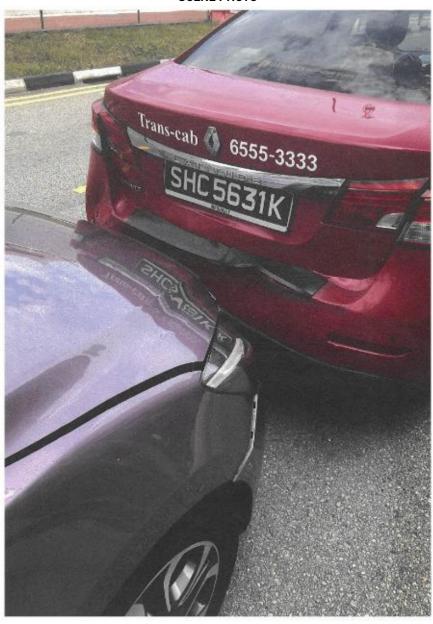




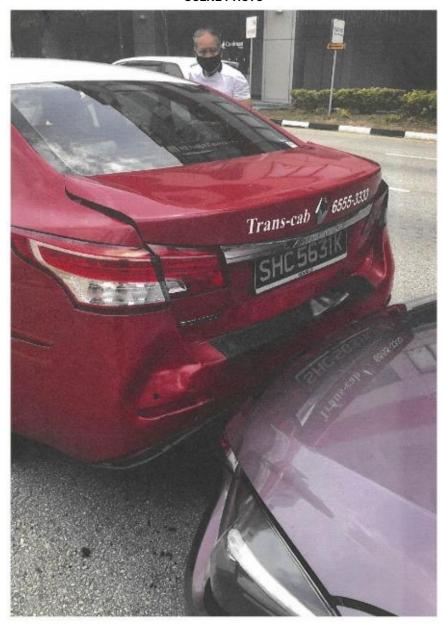




SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

