

## 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 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	15/08/2020 11:41
Date Of Accident	14/08/2020 16:00
Exact Location Of Accident	11 SWAN LAKE AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4247M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAT CAT PTE LTD
Co Reg No	201831445G
Email Address	SALES@KATONGCATERING.COM.SG
Mobile Phone No	
Alternative Phone No	Office-63444115

<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900245415
Cover Note Number	

<b>Driver</b>	
Name of Driver	LEOW BOON KHIM PHILIP
NRIC No	S1359194F
Date Of Birth	21/02/1959
Occupation	INDOOR
Date Of Driving Pass	28/03/1979
Driving Experience	41 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92716883
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 510 ANG MO KIO AVE 8 #07-2546 SINGAPORE
Postcode	560510
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	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	SKN9244A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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) 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.

**KAT CAT PTE LTD**  
Eleven Swan Lake Avenue  
Singapore 435710  
TEL: 20183144SG

Policyholder's Signature  
Date & Time:

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

11:35AM  
15/8/2020

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

# SKETCH PLAN

	<b>Vehicle</b> A - GBH 4247M B - SKN 9244A
	<b>Legend</b> 
	Vehicle Motorcycle

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VAN WAS PARK ON THE LEFT SIDE OF THE ROAD. WHEN I OPEN MY DRIVER DOOR, THE CAR WAS ON MY RIGHT SIDE IT HIT MY DOOR, THE OTHER CAR LEFT SIDE MIRROR DAMAGE AND SCRATCH ON THE RIGHT SIDE SIDE DOOR

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of the accident. Check your policy for more details.

H. CALPIN LTD  
 1100 Swan Lake Avenue  
 Singapore 155710  
 Policyholder's Signature  
 Date & Time: 15/8/2020

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 15/8/2020

Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No.: [Signature]

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1359194F



Name  
**LEOW BOON KHIM PHILIP**

Race  
**CHINESE**


Date of birth  
**21-02-1959**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S1359194F**  
Name  
**LEOW BOON KHIM PHILIP**

Birth Date: **21 Feb 1959**  
Expiry Date: **05 May 2003**



000448599J

6093200



NRIC No: **S1359194F**



Date of issue  
**03-01-2019**

Address  
**APT BLK 510 ANG MO KIO AVENUE 8  
#07-2546  
SINGAPORE 560510**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Mar 1979

NP 428A



License No: **S1359194F**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

