

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	21/08/2020 16:57
Date Of Accident	21/08/2020 10:10
Exact Location Of Accident	TELOK AYER ST AND AMOY/MACALLAN ST JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR534B
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Insured/Policyholder

Name Of Registered Owner	KOH BEE HONG
NRIC No	S7239157H
Email Address	HOYILUH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97705171
Alternative Phone No	Office-97705171

Vehicle Particulars

Manufacturer	AUDI
Model	A3 CABRIOLET 1.4 TFS
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	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	2100399256-05
Cover Note Number	

Driver

Name of Driver	HO YI LUH(HE YULU)
NRIC No	S6807807E
Date Of Birth	26/01/1968
Occupation	INDOOR
Date Of Driving Pass	13/12/1990
Driving Experience	29 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90270537
Fax Number	
Contact Number	
EMail Address	HOYILUH@GMAIL.COM
Address	630 UPPER THOMSON ROAD #05-69
Postcode	787132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

THIS HAPPEN AT THE JUNCTION OF TELOK AYER STREET AND AMOY STREET/MACALLUM STREET. THE STREET WAS ONE-WAY AND BOTH VEHICLE GOING TOWARDS THE DIRECTION OF FRASERS TOWER. MY VEHICLE WAS BEHIND SKG 2990 L, THE VEHICLE STOPPED SUDDENLY AT THE JUNCTION AND MY VEHICLE HIT FRONT HIT SKG 2990 L IN THE REAR. THE DRIVER OF SKG 2990 L EXITED HIS VEHICLE, HE HAS NO VISIBLE INJURIES. WE EXAMINED THE DAMAGE TOGETHER. OUR CONVERSATION WAS CLEAR AND CORDIAL. THERE WAS NO ONE ELSE IN BOTH VEHICLES. WE EXCHANGED DETAILS AND LEFT THE SCENE. THE DRIVER OF SKG 2990 L LATER MESSAGE ME AT 12PM, REMINDING ME TO MAKE A REPORT. THE EXCHANGE WAS CLEAR AND CORDIAL.

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	SKG2990L
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	HENG HAO TECK, DESMOND(WANG HAODE)
NRIC/Passport Number	S9107105C
Contact Number	97203540
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.

Policyholder's Signature
Date & Time: 21/8/20

4:30pm

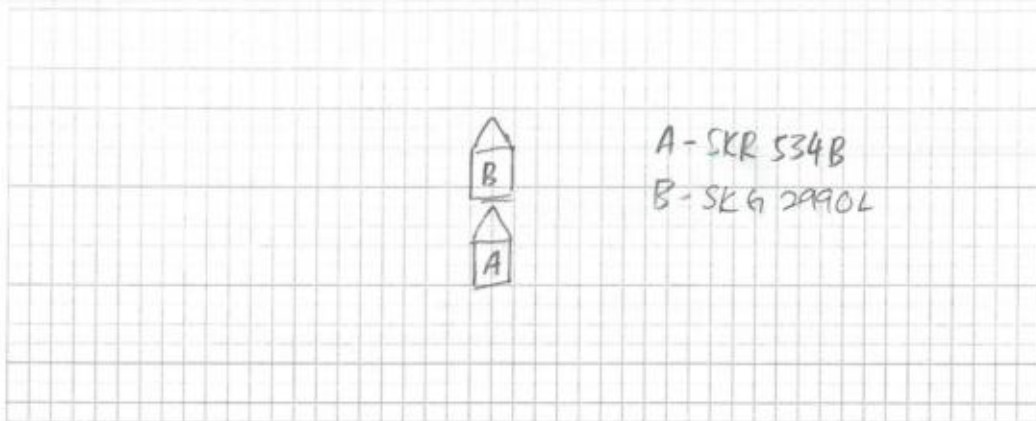
Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/8/20
4:30pm

Reporting Centre Personnel's Signature
Name: Briance Tan
NRIC/FIN No.: 68931295T



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This happen at the Junction of Telok Ayer street and Amoy Street / McCallum Street. The street was one-way and both vehicle going towards the direction of Frasers Towers.

My vehicle was behind SKG 2990L, the vehicle stopped suddenly at the junction and my vehicle hit ~~the~~ front hit SKG 2990L in the rear.

~~Both~~ The driver of SKG 2290L exited ~~the~~ his vehicle, ~~as the was no~~ he has no visible injuries. We examined the damage together. Our conversation was clear and cordial. There was no one else in both vehicles.

We exchanged details and left the scene. The driver of SKG 2290L later message me at 12pm, ~~to~~ reminding me to malce a report. The exchange was clear and cordial.

DECLARATION

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



Policyholder's Signature
Date & Time: 21/8/20
438pm
© ARMC SketchPlan v1.0



Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/8/20
438pm



Reporting Centre Personnel's Signature
Name: Terrence Tan.
NRIC/FIN No.: 68931298T

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

