

25/08 2020 TUE 9:25 FAX

MARCUS 0001/005

MSME20072504 / SMC Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 24/08/2020 17:48
SUBMITTED BY: Chie Pei Ying

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.

ACCIDENT STATEMENT

Date Of Report 24/08/2020 17:48
Date Of Accident 24/08/2020 10:50
Exact Location Of Accident TOA PAYOH SAFRA
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD1628H
Insured/Policyholder
Name Of Registered Owner EDWIN CHOONG SENG HUAT
NRIC No SXXXX375E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92315318
Alternative Phone No OFFICE-92315318

Vehicle Particulars

Manufacturer SUBARU
Model XV

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 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 1800091064-02

Cover Note Number

Driver
Name of Driver EDWIN CHOONG SENG HUAT

NRIC No SXXXX375E

Date Of Birth 14/04/1976

Occupation INDOOR

Date Of Driving Pass 10/07/2002

Driving Experience 18 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92315318

Fax Number

Contact Number OFFICE-92315318

Email Address NOEMAIL

25/08 2020 TUE 9:25 FAX

002/003

Address BLK 138B LORONG 1A TOA PAYOH #25-14
 Postcode 312138
 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) 2
 Passenger 1

NAME: : UNKNOWN
 GENDER: : FEMALE

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

ON 24/08/2020 AT ABOUT 10.50AM, I WAS CHECKING ON THE ONCOMING VEHICLE ON THE RIGHT. SUDDENLY, I FELT A HIT AT THE REAR OF MY CAR. VEHICLE (FBP5068P) HAS HIT THE REAR LH SIDE OF MY CAR.

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 FBP5068P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category MOTORCYCLE
 Name of Driver YAP CHEE SENG
 NRIC/Passport Number SXXXX488A
 Contact Number 97630038
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

27-08-20;10:34 ;

MARCUS

;68412088

3/ 5

25/08 2020 TUE 9:25 FAX

003/005

No. Of Passenger (Including Driver)

25/08 2020 TUE 9:25 FAX

004/005

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 revoke 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. The 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 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 situated 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: 24/8/20, 1:35 pm

Driver's Signature

(if driver is not the policyholder)

Date & Time: 24/8/20, 1:35 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIA/MSK Sketch Plan Pg. 1

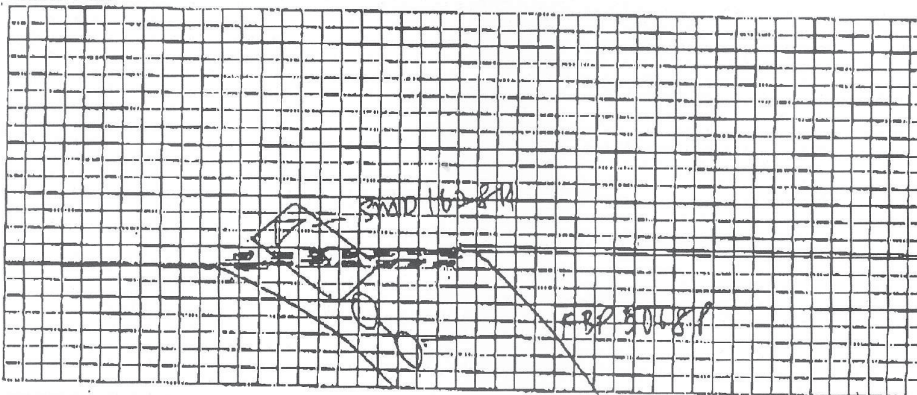
BUNWEL

25/08 2020 TUE 9:25 FAX

005/005

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/20 at about 1050am, I was checking on the on coming vehicle on the right. Suddenly I felt a hit at the rear of my car. Vehicle FBP 5018P has hit the rear L/H side of my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/8/20, 135pm

Q/A/IMC SketchPlanForm, V1

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/8/20, 135pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2