### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	18/08/2020 17:52
Date Of Accident	18/08/2020 08:35
Exact Location Of Accident	JLN TOA PAYOH BEFORE EXIT TO PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP9603M
Insured/Policyholder	
Name Of Registered Owner	THAM HWEE ENG
NRIC No	S6824928G
Email Address	TAMMIE_THAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96811705
Alternative Phone No	Others-62545190
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE-1.2 (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?	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	1900233814
Cover Note Number	
Driver	
Name of Driver	THAM HWEE ENG
NRIC No	S6824928G
Date Of Birth	05/07/1968

**INDOOR** 

28/03/1988

32 YEARS AND 4 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96811705

Fax Number

**Contact Number** OTHERS-62545190

**EMail Address** TAMMIE\_THAM@HOTMAIL.COM

Address BLK 117B JALAN TENTERAM #13-523

Postcode 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 - CHANGE/CROSS LANE

2

NO

NO

YES

NO

1

NO

NO

NO

**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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

#### SEE ATTACHED SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMB3591B Vehicle Make/Model/Colour **SMRT BUS** 

**Details Of Properties** 

**BUS** Vehicle Category

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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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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, (d) 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,

(ii) for complying with requirements under any regulations, laws or court orders. Tan CHONG MOTOR SACES PTE LTD 17 Toa Payoh Lorong 8 701: 6703 8013 Singapore 319254

Tel: 6357-0756 Fax: 6356 4922

18/8/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Aishah

NRIC/FIN No.: \$1660822/2

	SKX9089D
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	SMJ9088G SMR5429R
was driving out from Markitchie Viadu	ut, following the curve of the road
16 Vaper Thomson mad/Marymou	untlane at around 6pm.
while I was driving along the curve	of the road on the extreme
ight lane, I did not real the th	at the car in front of me had
topped. By the time I noticed the	car (SKX9089D) - silver honda
gr) in fant of me, I stepped on	to the brake but could not
top in time and ended up colli	ding with the brake back of
re silver car, when I got down	the car, I realized the
silver car had also knocked sligh	itly onto a black cor (SMR3429R)
n front. Both drivers and I wer	e able to walk out of the
ar and there were no severe inj	nries. There were no other
passengers in all cars involved	,
,	
	SOURCE MOTOR SALES PTE LTD
	TAN CHONG MOTOR SALES PTE LID
CLARATION  Ve declare the foregoing particulars are true in every respect.	Singapore 319254 76/: 676383 Tel: 63670758 Fax: 6356 4922
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Jess. Inm	η
icyholder s Signature Driver's Signature te & Time: (If driver is not the policyho	Reporting Centre Personnel's Signature  Name: Alshah
te & Time: (If driver is not the policyho Date & Time:   8   8   2	020 NRIC/FIN No.: \$144.08 xx /2

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6824928G





Name

THAM HWEE ENG

Race CHINESE Date of birth Sec 05-07-1968 F Country of birth SINGAPORE

198249280



























