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 <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 aforesaid

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	ACCIDENT STATEMENT
Date Of Report	21/09/2020 15:59
Date Of Accident	18/09/2020 09:50
Exact Location Of Accident	ANG MO KIO AVE 3 (TOWARDS AVE 8 AMK MRT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS8628G
Insured/Policyholder	
Name Of Registered Owner	YEO KHEE ENG
NRIC No	SXXXX868E
Email Address	VYEOKE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96884398
Alternative Phone No	OFFICE-96884398
Vehicle Particulars	

Manufacturer AUDI

Model A4 SEDAN 2.0 TFSI 8W

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?

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 1900013358

Cover Note Number

Driver

Name of Driver
YEO KHEE ENG
NRIC No
SXXXX868E
Date Of Birth
07/10/1968
Occupation
INDOOR
Date Of Driving Pass
30/10/1989

Driving Experience 30 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96884398

Fax Number

Contact Number OFFICE-96884398

EMail Address VYEOKE@YAHOO.COM

Address BLK 614 ANG MO KIO AVENUE 4

#11-1007

Postcode 560614

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Passenger 1

Was any foreign vehicle involved in this accident? NO

IL: IN

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

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME: : CHIA TOH TANG

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

I WAS DRIVING ON THE 2ND LEFT MOST LANE ALONG ANG MO KIO AVE 3 TOWARDS ANG MO KIO AVE 8(MRT STATION) ON 18 SEP 2020 AT ABOUT 9:50AM. THERE WAS A WHITE CAR TRAVELLING IN FRONT OF ME. WHEN SUDDENLY, THE BUS ON THE LEFT MOST LANE (BUS LANE) SWERVED RIGHT TOWARDS THE 2ND LEFT MOST LANE. THE WHITE CAR (SGS 4927 S) APPLIED BRAKES TO AVOID THE BUS. I ALSO APPLIED EMERGENCY BRAKES BUT MY CAR COULD NOT STOPPED IN TIME AND HIT THE REAR OF THE WHITE CAR. THERE WERE NO INJURIES INVOLVED. THE DRIVER DROVE OFF AFTER WE EXCHANGED PARTICULARS.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS4927S

Vehicle Make/Model/Colour MITSUBISHI GRANDIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM MING HONG

NRIC/Passport Number SXXXX023Z

Contact Number

Address

5 SIMEI STREET 4 #01-03

529683

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:

- 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
- 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.

Policyholder's Sign

Date & Time: 1

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/15/2020

Reporting Centre Personnel's Signature Name: Un 1025 Fms

NRIC/FIN No.:

GIARMC SketchPlanForm, V3













































