

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	28/09/2020 12:18
Date Of Accident	25/09/2020 07:15
Exact Location Of Accident	BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6824C
Insured/Policyholder	
Name Of Registered Owner	KAN NGEE MENG
NRIC No	S2566026I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96701661
Alternative Phone No	Others-96701661

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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	2100455533
Cover Note Number	

Driver

Name of Driver	YEO KIM BOON
NRIC No	S8710489C
Date Of Birth	20/04/1987
Occupation	INDOOR
Date Of Driving Pass	02/11/2007
Driving Experience	12 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93371976
Fax Number	
Contact Number	
EMail Address	KBYE087@GMAIL.COM
Address	BLK 319 BUKIT BATOK ST 33 #03-46
Postcode	650319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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)	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

SEE ATTACHED.

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	SLE1708S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG YUAN YUAN
NRIC/Passport Number	
Contact Number	97720587

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

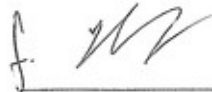
IMPORTANT NOTICE

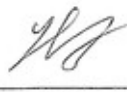
Vehicle No: SLA 6824C

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

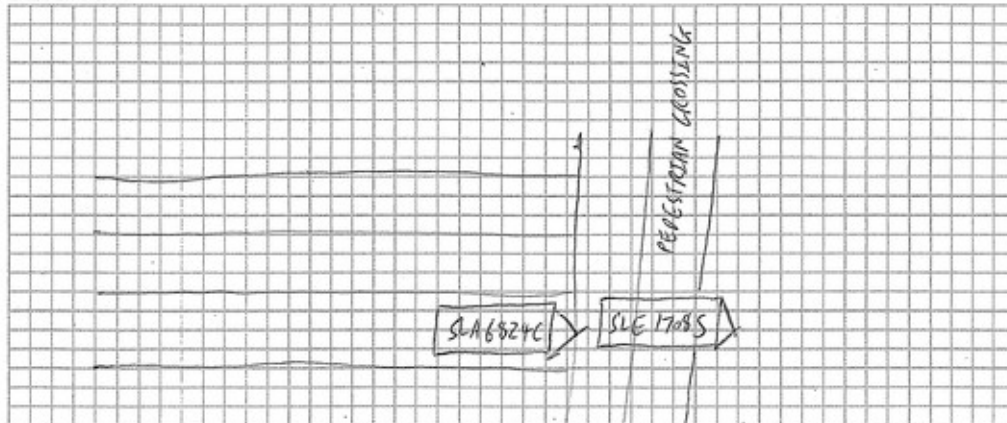
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/09/20


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/09/20


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: SLA6824C

Accident Location: BURIT BATOK ROAD TOWARDS PIE ENTRANCE

Accident Date: 25/09/20

Time: ~~8.15~~ 7.15 am pm

- Brief Details Of Accident -

SLE1708S the car in front of me, crossed over the pedestrian crossing and at that point the light turned amber. The car jammed brake and my car hit the back of their car. I was moving forward as the light was green and I did not expect the car in front of me to suddenly jam brake.

- Other Vehicle Involve Details -

(B) Veh No: SLE1708S Hp: 97720587 Pax: 1 Driver Name: WANG YUAN YUAN S8082557I

(C) Veh No: Hp: Pax: Driver Name:

DECLARATION

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

J. YLZ

Policyholder's Signature

Date & Time: 28/09/20

YLZ

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/09/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Authorisation Letter for SLA6824C

To Whom It May Concern,

I, S2566026I KAN NGEE MENG, hereby authorize S8710489C YEO KIM BOON to file all accident reports and to sign all related documents.

Regards,

A handwritten signature in black ink, consisting of a stylized 'K' and 'M' intertwined.

Kan Ngee Meng

S2566026I

25 September 2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

