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 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.	
	ACCIDENT STATEMENT
Date Of Report	12/10/2020 18:18
Date Of Accident	11/10/2020 18:40
Exact Location Of Accident	INTERSECTION CHOA CHU KANG AVE4& CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR8970Z
Insured/Policyholder	
Name Of Registered Owner	DARA ROK ING
NRIC No	SXXXX374I
Email Address	INGDR@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-87155938
Alternative Phone No	OFFICE-87155938
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFSI S TRONIC (DESIGN)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 2070006889

Cover Note Number

Driver

Name of Driver DARA ROK ING NRIC No SXXXX374I Date Of Birth 10/06/1970 Occupation **INDOOR Date Of Driving Pass** 26/05/2004

Driving Experience 16 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87155938

Fax Number

OFFICE-87155938 Contact Number

EMail Address INGDR@YAHOO.COM.SG BLK 440 CHOA CHU KANG AVENUE 4

2

NO

306-457

Postcode

Address

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 COLLIDED INTO BICYCLIST

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? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1 NAME: : LUDA

GENDER: : FEMALE

Passenger 2 NAME: : SHELDON

GENDER: : MALE

Passenger 3 NAME: : LEKEISHA

GENDER: : FEMALE

Passenger 4 NAME: : RETA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

THE INCIDENT OCCURED ON THE 11/10/2020 AT ABOUT 6:40PM, I WAS DRIVING ALONG CHOA CHU KANG AVE 4 AND WAS TURNING RIGHT TO CHOA CHU KANG WAY. AT THE INTERSECTION, SUDDENLY, A BICYCLE RUSH THROUGH THE PEDESTRIAN WALKWAY AND MY CAR BANG ONTO HIS BICYCLE. THERE WAS NO INJURY TO THE RIDER, BUT THERE IS DAMAGE TO HIS BICYCLE WHEELS. THE RIDER PARTICULAR TAN ZUILONG(MR) OF IC S8736391J.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NA/UNKNOWN TAN ZHI LONG

SXXXX391J 81151184

APT BLK 812A CHOA CHU KANG AVENUE 7

#06-671

681812

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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)
 - 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:
 - 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: 5 - 20 A

12-06-2020

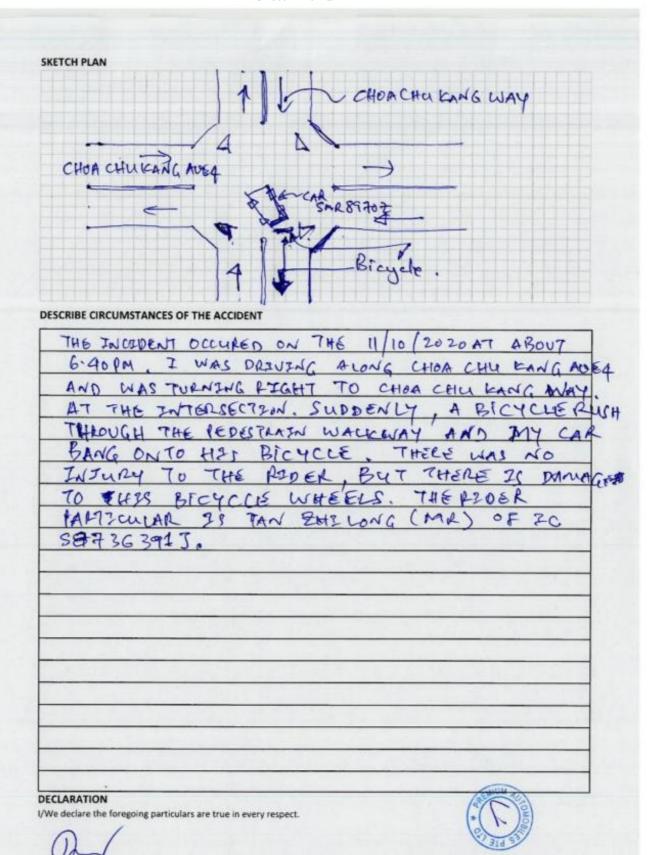
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Raymond Tim Sim Wal

NRIC/FIN No.: 6xxxx/cox



Policyholder's Signature

Date & Time: 5-20pm

12-06-2020

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Page 5 of 37

Reporting Centre Personnel's Signature
Name: Raymond Ting Sing Wei
NRIC/FIN No.: (LXXXX IXXX)









