## 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

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	ACCIDENT STATEMENT	
Date Of Report	28/10/2020 09:41	
Date Of Accident	27/10/2020 15:55	
Exact Location Of Accident	NEWTON CIRCUS	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR1577X	
Insured/Policyholder		
Name Of Registered Owner	JUSTINA YEO LEE HUANG	
Country/State of Loss  Vehicle Registration Number  Insured/Policyholder	SINGAPORE  DETAILS OF OWN VEHICLE  SKR1577X	

NRIC No S0240680B **Email Address NOEMAIL** 

Mobile Phone No (LOCAL) +65-96717849 Alternative Phone No OTHERS-96717849

**Vehicle Particulars** 

Manufacturer NISSAN Model LATIO-1.5 (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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

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

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 1900251641

Cover Note Number

**Driver** 

Name of Driver JUSTINA YEO LEE HUANG

NRIC No S0240680B Date Of Birth 14/10/1946 Occupation INDOOR **Date Of Driving Pass** 15/10/1985

35 YEARS AND 0 MONTHS **Driving Experience** 

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96717849

Fax Number

OTHERS-96717849 Contact Number

**NOEMAIL EMail Address** 

Address 15 RIVIERA DRIVE #06-15

**SINGAPORE** 

Postcode 467205

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 - ROUNDABOUT

Weather Conditions CLEAR
Road Surface DRY

## **Other Information**

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

NO

1

NO

NO

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

## 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 SMA980L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver VICTOR GOH KIM GOH

NRIC/Passport Number S9132851H
Contact Number 82824422

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

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- 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
- 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:

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

Reporting Centre Personnel's Signature

KETCH PLAN		
		Vehicle
		A-SKR1577
		B-2MA980
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E La		
I DEA	1	
	1	
	/	Legend
	/	P 6
	- 4	□ 6
		Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT		-
On 27 october 2020, at about driving along Newton Circus.	3,54 pm,	1 was
driving along Newton Circus.	Suddenly	, I heard
a sound on the left front	passenger	side of
my car.	•	
A car KIA carous negistro-	tion much	er SMA 980
A car, KIA cavens negistra- had collided onto my left	front acco	OLGOV
had colliced onto my rett	710101 13055	order
side.	N 175 . O	1
The other driver, Victor 9	on Kim se	on .
1216 25 913 NRIC No 5-91	32851H W	ias arivino
alone.		
A police car also came by A checked and engineed on H	policeman	also
checked and enguired on H	ré acciden	k.
we confirmed that there	were no	personal
injuries.		
DECLARATION		
I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen [14] days clause whereby the claim a	igainst own policy must be made w	fthin mostipulated timeframe
from the day of occurrence. Kindly check your policy for more details.		XNIN
helisa	6	1/00/
Policyholder's Signature Driver's Signature  Date & Time: (If driver is not the policyholder)	Reporting Centre Name:	Personnel Signature
Date & Time:	NRIC/FIN No.:	M

28/10/2000 10am





















**Accident Photo** 

