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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/11/2020 15:44
Date Of Accident	31/10/2020 16:05
Exact Location Of Accident	PIE BEFORE 26A BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU8606J
Insured/Policyholder	
Name Of Registered Owner	ANG SOON LENG(HONG SHUN LONG)
NRIC No	S8124427H
Email Address	SEAN_ANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98422250
Alternative Phone No	Office-98422250
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900090396-01
Cover Note Number	
Driver	
Name of Driver	ANG SOON LENG(HONG SHUN LONG)
NRIC No	S8124427H
Date Of Birth	09/08/1981

INDOOR

05/07/2003

17 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98422250

Fax Number

Contact Number OFFICE-98422250

EMail Address SEAN_ANG@HOTMAIL.COM

BLK 342 CHOA CHU KANG LOOP Address

#07-29

Postcode 680342 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 **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

4

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1 Name: : ANG LE FANG ELISE

> 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

CAR B JAMMED BRAKE BUT I MANAGED TO BRAKE AND STOPPED IN TIME AND NOT HITTING IT. HOWEVER CAR D CAME AND GAVE ME A PUSH BY COLLIDING INTO MY CAR. THIS CAUSED MY CAR TO MOVE FORWARD AND COLLIDED WITH CAR C

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 **SMN168Y**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF5200H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLH6611M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 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) of:
 - 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: 2/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/4/2020

Reporting Centre Personnel's Signature

Name: Im kee how

GLXXX56an

SKETCH PLAN Cus GAS 400 Car A Car B Lar D SMN168Y S446611M SLFSZOOT SKUB6067 Nicholas Goh Your Air MATHEN Bro Chew Kuck Hour Ang Soon leng Acron 5934078213 S76377398 596236987 NTUC S8124427H FWD: PNPV 7019-00016910 Policy No: 51090 44827 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT brated but I managed to ammed brake and stopped fime and not hitfing it However Car D came and gave me a PUSH be Collidino into Car This Caused and with collided DECLARATION I/We declare the fogegoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: 2 11 7070 (If driver is not the policyholder) Name: LIM 100 Sing NRIC/FIN NO.: OWN SOM Date & Time: 2 11/7070 11.05 man

11-05 mm





































































