#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	09/11/2020 10:48
Date Of Accident	05/11/2020 11:55
Exact Location Of Accident	CHOO KIM HOUSE BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV7000X
Insured/Policyholder	
Name Of Registered Owner	AU TONG MIANG
NRIC No	SXXXX172C
Email Address	NEOAUTM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91014489
Alternative Phone No	OFFICE-91014489
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA ELITE
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	1800142278-001
Cover Note Number	21/12/2019 - 20/12/2020
Driver	
Name of Driver	AU TONG MIANG
NRIC No	SXXXX172C
Date Of Birth	09/05/1960
Occupation	INDOOR
Date Of Driving Pass	27/04/1984
Driving Experience	36 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91014489
Fax Number	

OFFICE-91014489

NEOAUTM@GMAIL.COM

15 FERNVALE LANE #12-15 Address

Postcode S797497

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 PARKED VEHICLE** 

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES 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) 0

**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** 

PLEASE REFER TO REPORT ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKL6794J Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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:

- 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)
  - (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")
- 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.
- 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 Name:

NRIC/FIN No .:

# Accident Sketch Plan Pg. 1

SKETCH PLAN	
Date: 05/11/2020	reniueA: SLV7000X
Time: 1123	vehide 16: SKL6794J
location: Choo kim House busement carpork	[3]
	1/2
	16)
	A
DESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT
On 05/11/20 at around	1 1156am, I was approached by my office covourt afterdant
that my which was hit	d 1156am, I was approached by my office corport oftendary by vehicle B. The driver of medicle B had approached the corp
management to inform them	of the incident as no one was inside my revicle. I have also
managed to retrieve the for	tage of the incident from my video camera.
	and the state of t
1	
	Insurance Co. ALG  Vehicle No. Date of Accident AVIII > 120
	Reporting Only Owar Damage Claim
	Third Party Claim
	Other Workshop
	The second secon
DECLARATION	
/We declare the foregoing particulars ar	e true in every respect.
Policyholder's Signature	Driver's Signature Reporting Centre Parsminel's Signature
	(If driver is not the policyholder)  Name:

Date & Time:

NRIC/FIN No.:

















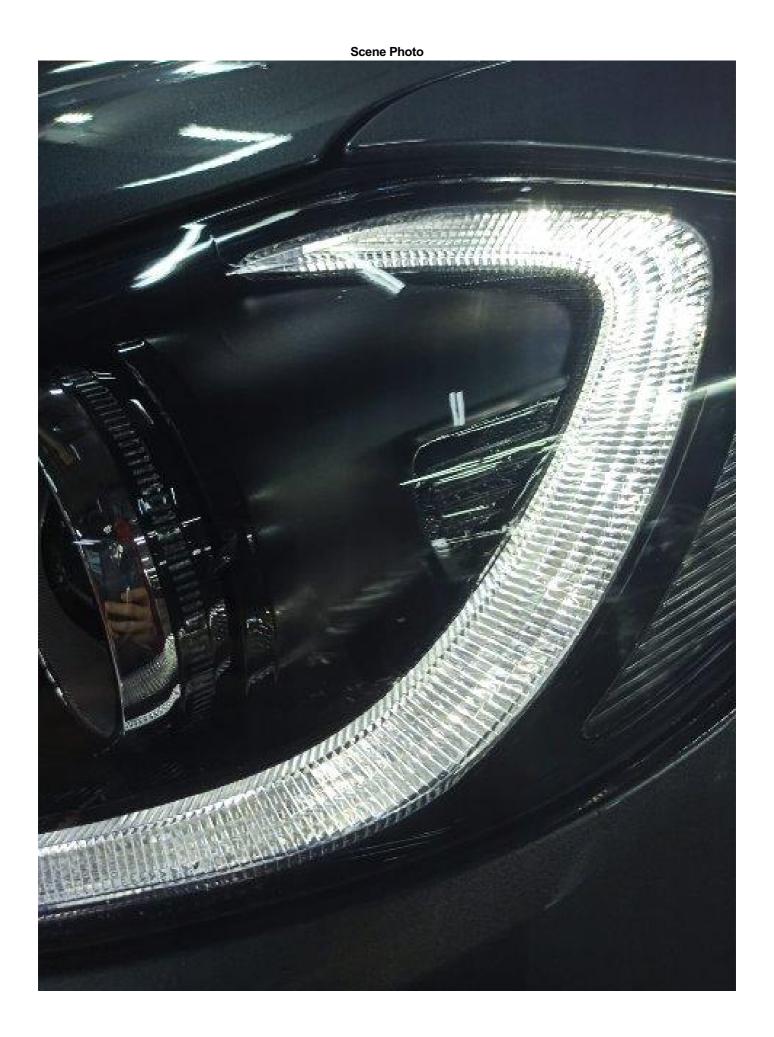


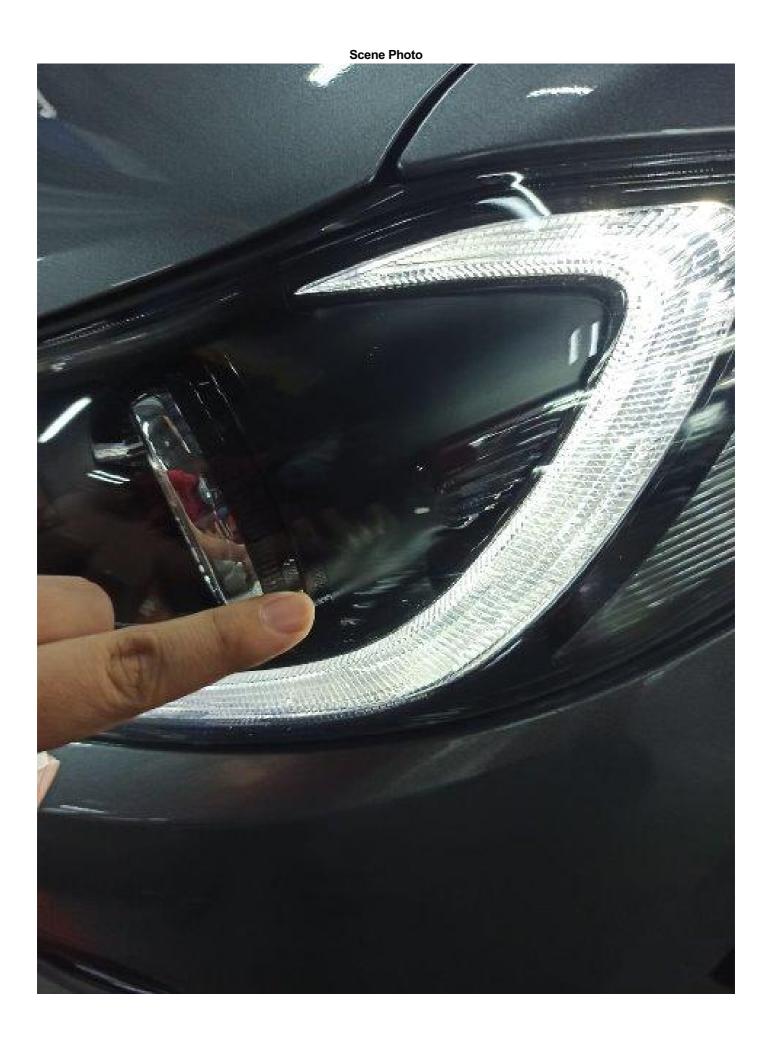
















# Scene Photo

