# **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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 02/12/2020 14:18 (SGT) Date of Accident 02/12/2020 08:20 (SGT) Exact Location of Accident Tampines Ave 9, Singapore Additional Location Information **NEAR TRAFFIC JUNCTION** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK3117R

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner POH SIEW HWEE (FU XIUHUI) NRIC No. S8041302E Email Address pohchristina@yahoo.com.sg Mobile Phone No (Phone) +65-98433938 Alternative Phone No +65-98433938

# VEHICLE PARTICULARS

Manufacturer Mitsuhishi Model Outlander Variant 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? Yes Vehicle Category Private car

# INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number Cover Note Number 1900084136

# DRIVER

Name of Driver POH SIEW HWEE (FU XIUHUI) NRIC No S8041302E Date Of Birth 31/12/1980 Occupation Outdoor

Date Of Driving Pass 18/09/2002 Driving experience 18 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-98433938 Alt. Phone Number +65-98433938 Email Address pohchristina@yahoo.com.sg Address **BLK 25 PASIR RIS LINK** Address complement #02-12 SINGAPORE Postcode 518150 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AT THE TRAFFIC LIGHT JUNCTION, UPON WAITING FOR THE LIGHT TO TURN GREEN AND MOVE FORWARD, I BUMP INTO HIS BACK OF HIS CAR (SMQ3531X). 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	SMQ3531X
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96213106
Address	<u>-</u>
Address complement	-
Postcode	_

Insurance Company Name Nature Of Damage BACK PORTION
Details of property damaged in accident No. Of Passenger (Including Driver) -

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may
  allow insurance companies to <u>repudiate policy liability</u>.
   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. <u>Any false reporting may be referred to the Police for investigation</u>.

  6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
- lunderstand, acknowledge, agree and consent that :
- Funderstand, acknow woge, agree and consent triat:

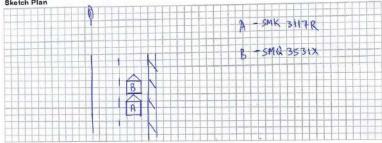
  (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 the accident shall be collectively referred to as the "Insurers" lawyers/aw firms, the Wonetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling end/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) administrant 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")
- (corectively 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

2/12 30 Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan



AT	the	400	284 1	Xld	action	, (	upn	wait	101	TOIR	the	Light	40
tur		reen			Rorwan		T	bump		Ho	Eirl	BACK	03
their	h13	col	SMQ	3531X		-							
-			21.133										
11													
				- 17									
_													
-	_												
1													
_		_											
_	_	_											
_	_	_											
_													
-													
_	_	_	_										
-				_									
_	_												
		_				_							
_	_												
_	_		_	_									
_		_				-							
_	_		_						2-2-				
_			_										
_													
arat	ion												
													-2 H-
decla	re the fi	oregoing	particular	s are true	in every resp	ect,						r /	SEGULO MOT
			1. 1									1	SERVIC
	11		2/12	20 1								1	Servin
	1	-	7/17	00							8	L '	343 ×
	1	1	-									1 .	

