MTE120099449 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 10/11/2020 15:36 SUBMITTED BY: Ronald Yap

### 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

| <ol><li>By the lodgement of this report to the insurers, you hereby con-<br/>aforesaid.</li></ol> | sent to the archiving of this report at the centre and to copies of the report being made available |
|---|---|
|   | ACCIDENT STATEMENT  |
| Date Of Report  | 10/11/2020 15:36  |
| Date Of Accident  | 10/11/2020 07:35  |
| Exact Location Of Accident  | ALONG TAMPINES AVE 10   |
| Country/State of Loss   | SINGAPORE   |
|   | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number   | SME3887H  |
| Insured/Policyholder  |   |
| Name Of Registered Owner  | MR CHOO JEE HONG  |
| NRIC No   | S1398656H   |
| Email Address   | NOEMAIL   |
| Mobile Phone No   | (LOCAL) +65-98167655  |
| Alternative Phone No  | OFFICE-98167655   |
| Vehicle Particulars   |   |
| Manufacturer  | MAZDA   |
| Model   | 3-1.5 (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** 

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

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number

Cover Note Number

**Driver** 

Name of Driver MR CHOO JEE HONG

NRIC No S1398656H Date Of Birth 01/04/1959 Occupation **INDOOR** Date Of Driving Pass 27/09/1977

**Driving Experience** 43 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98167655

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 316 TAMPINES ST. 33

#06-192

Postcode 520316

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

-

2

NO

NO

1

NO

NO

#### **General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

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)

#### **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**

### SEE ATTACHED VIDEO

### 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 SKA2226S
Vehicle Make/Model/Colour TOYOTA

**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**

| SKETCH PLAN  |  |                                |  |                                      |
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| SCOIRE CIDCLINASTA                                 | NCES OF THE ACCIDENT   |                                |  |                                      |
| SCRIBE CIRCUIVISTAL                                | NCES OF THE ACCIDENT   |                                | LICENSE PLATE NO:                                    |                                      |
| A O O IDENT DATE                                   | 10/4/2000  |                                |  | 001710                               |
| ACCIDENT DATE:                                     | 1911/20  |                                | CONTACT NUMBER:                                      | 10101072                             |
| ACCIDENT TIME:                                     | 07.35am  |                                | EMAIL: ichense                                       | wire fields com s                    |
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| EASE STATE: () CLARATION /e declare the foregoing  | PLEASE CHECK YOUR CLAIM OWN POLICY ( ) CLAIM                                       | POLICY FOR MO                  | ORE INFORMATION  ( )REPORTING ONLY                   | LAIMS UNDER YOUR OWN POLICY          |
| EASE STATE: ( ) CLARATION /e declare the foregoing | PLEASE CHECK YOUR CLAIM OWN POLICY ( ) CLAIM particulars are true in every respect | POLICY FOR MA<br>M THIRD PARTY | ORE INFORMATION  ( )REPORTING ONLY                   |                                      |
| LEASE STATE: ( )                                   | PLEASE CHECK YOUR CLAIM OWN POLICY ( ) CLAIM particulars are true in every respec  | POLICY FOR MA<br>M THIRD PARTY | ORE INFORMATION  ( )REPORTING ONLY  Reporting Centre |                                      |

#### SKETCH PLAN

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- 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:
  - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

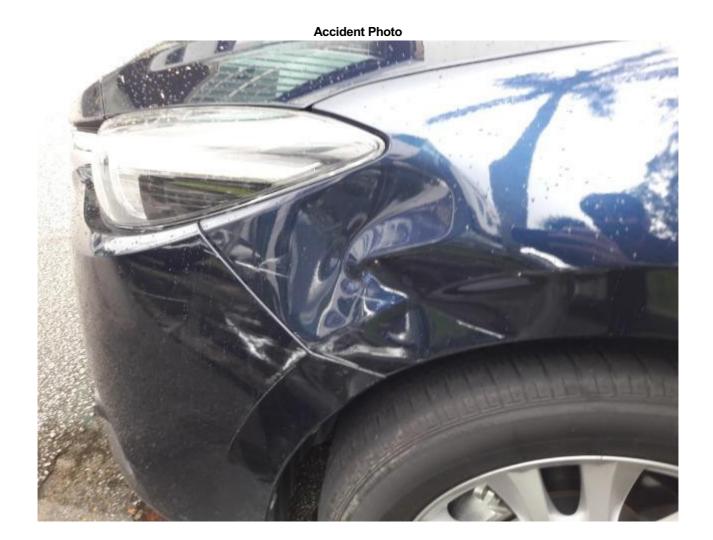
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NRIC/FIN No.:











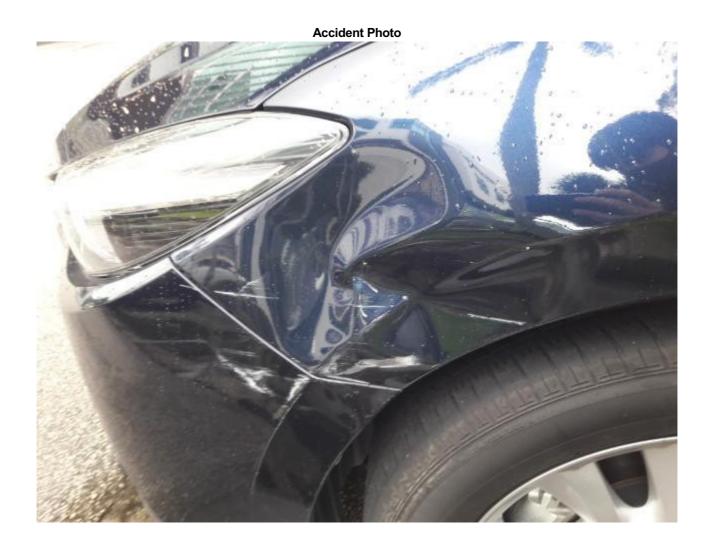






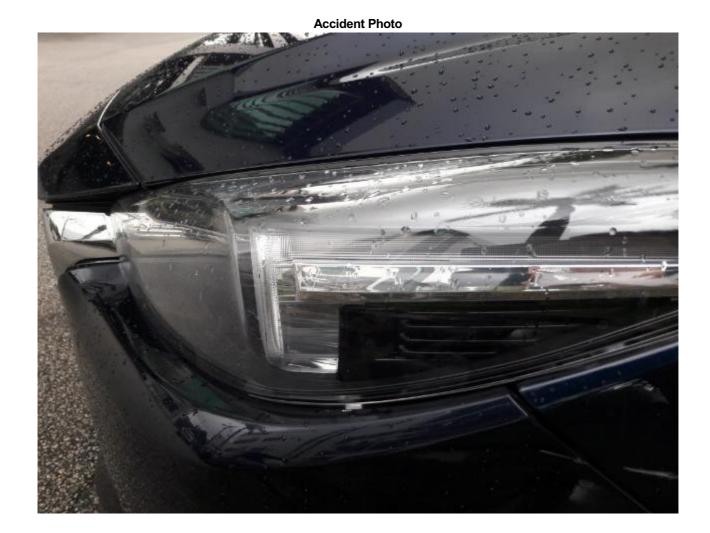


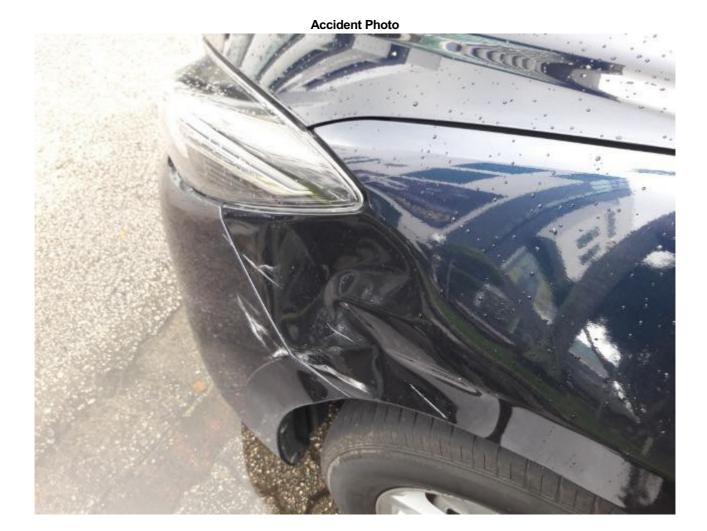




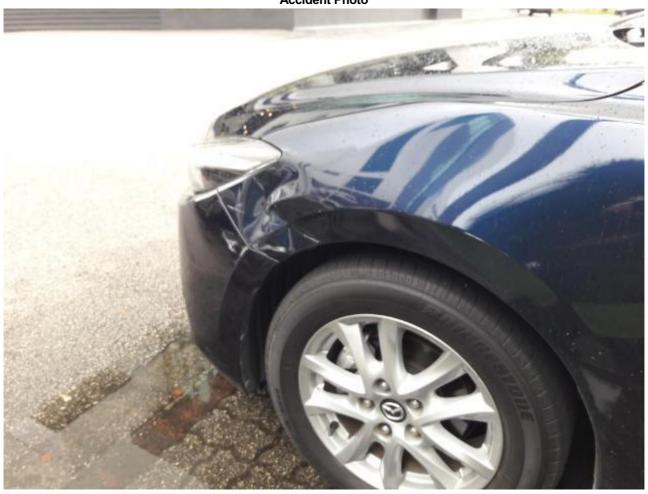
















**Accident Photo** 



