

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 withholding 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 Submission	19/04/2021 17:01 (SGT)
Date of Accident	17/04/2021 14:35 (SGT)
Exact Location of Accident	Pasir Ris, Singapore
Additional Location Information	Flyover before exit to TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9968J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chu Luo Shien
NRIC No	SXXXX783G
Email Address	deschu88@gmail.com
Mobile Phone No	(Phone) +65-96853861
Alternative Phone No	+65-96853861

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700029043-03
Cover Note Number	-

DRIVER

Name of Driver	Chu Luo Shien
NRIC No	SXXXX783G

SIGNMENT

Date of Birth: 05/12/1970
 Location: Indoor
 Date of Incident: 09/03/1999
 Duration: 22 YEARS AND 1 MONTH
 Gender: Male
 (Phone) +65-96853861
 +65-96853861
 Email: deschu88@gmail.com
 Address: Blk 7 Pasir Ris Rise #04-16
 -
 Identification Number: 518083
 Yes
 -
 No
 -
 -
 Is Driver the policyholder?
 Relationship of the Driver with the Insured
 Is Driver Own Other Vehicles?
 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: Chain Collision
 Weather Conditions: Raining
 Road Surface: Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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) 1
 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

Please refer to sketch plan

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: SMW7467R
 Vehicle Manufacturer: -
 Vehicle Model: -
 Vehicle Variant: -
 Vehicle Colour: -
 Vehicle Category: Private car
 Name of Driver: Poh Eng Siang
 NRIC No: SXXXX200C
 Contact Number: -
 Address: -

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:
(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
(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.

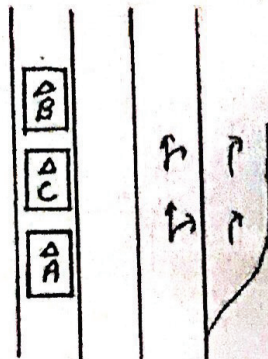
Policyholder's Signature / Date &
Time
Sketch Plan

19 APR 2021

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre
Personnel

Angie Soh



A: JKP991PJ
B: JMN7467K
C: PDZ3078L