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.

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 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 28/12/2021 15:43 (SGT) Date of Accident 24/12/2021 11:45 (SGT) Exact Location of Accident Frankel Ave, Singapore Additional Location Information JUNCTION WITH EAST COAST ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SBI 163B**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHIEW JIAR SING @ KIEW AH TIAW NRIC No. SXXXX463F Email Address chiewjs2015@gmail.com Mobile Phone No (Phone) +65-96321246 Alternative Phone No +65-96321246

VEHICLE PARTICULARS

Manufacturer

Model Camry Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900243536-02 Cover Note Number

DRIVER

Name of Driver CHIEW JIAR SING @ KIEW AH TIAW NRIC No. SXXXX463F

Data Of Birds	100011010
Date Of Birth Occupation	10/09/1942
Date Of Driving Pass	Indoor
Driving experience	11/07/1972 49 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96321246
Alt. Phone Number	+65-96321246
Email Address	chiewjs2015@gmail.com
Address	44 JALAN SELAMAT
Address complement	44 JALAN SELAWAT
Postcode	418569
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
verille registration realise of other verille owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
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GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN ORIGINATION OF THE ACCIDENT	
T	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	-
ii yes, against whom:	-
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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?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBF2626B
Vehicle Manufacturer	
	-

Vehicle Model - Vehicle Varient

Vehicle Variant Vehicle Colour -

Vehicle Category Commercial vehicle
Name of Driver MR YEO

Contact Number (Phone) +65-90102733

Address complement

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

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the G/A 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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.

Policyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(4-) SBL 1163(B)

(3-) (68(F) 26) (B)

(4-) SBL 1163(B)

(5-) (68(F) 26) (B)

(6-) SBL 1163(B)

(7-) (68(F) 26) (B)

(7-) (68(F) 26) (B)

(7-) (68(F) 26) (B)

abong Franke Ave turning right into East Coast Road & the traffic Tight turn green and I prove toward East Coast Road, Suddenly a Van bearing plate number GBF 2626 B dash out from my right and collided onto my vehicle.	
oward East Coast Road, Suddenly a Van bearing plate number GBF 2626 B dash out from my ngh	= (2) 17-10
date number GBF 2626 B dash out from my night	
and collided onto my vehicle.	+
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















