

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 ability
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 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 Report	02/12/2015 12:46
Date Of Accident	01/12/2015 18:15
Exact Location Of Accident	ALONG PIE TO TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2250G
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Insured/Policyholder

Name Of Registered Owner	LONG TUCK ONN
NRIC No	S6828205E
Email Address	LAW_LTO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91516290
Alternative Phone No	Home-64163485

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 i-VTEC (GM2) (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	
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	2100267357
Cover Note Number	12/08/2015-11/08/2016

Driver

Name of Driver	LONG TUCK ONN
NRIC No	S6828205E
Date Of Birth	25/07/1968
Occupation	Indoor
Date Of Driving Pass	21/12/1993
Driving Experience	21 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-91516290
Fax Number	
Contact Number	Home-64163485
EEmail Address	LAW_LTO@YAHOO.COM.SG

Address	BLK 662C JURONG WEST ST 64 #13-302
Postcode	643662
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	Collision- Chain Collision
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH3295X
Vehicle Make/Model/Colour	HONDA ACCORD FIRST CAR
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP5614G
Vehicle Make/Model/Colour	TOYOTA WISH SECOND CAR
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHB752H
Vehicle Make/Model/Colour TOYOTA TAXI LAST CAR
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sign board Bedok Rd Thomson Rd Upper Thomson Rd Exit 17	543295X [A] SKP 56146 [B] STY23504 [C] 546752H [D] Lane 1
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Sketch Plan #2

Describe Circumstances of the Accident

I was driving along PIE towards Tuas at around 6:15pm on 1/12/15 near to Exit 17 when vehicle B suddenly came to a stop. I was driving behind Veh. B (SKP 5614G) with a distance between 3 car lengths. It was raining at that time. I jammed my brake immediately but not able to stop in time & hit on the back of veh B SKP 3295X SKP 5614G.

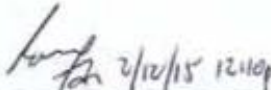
At that time, veh SKP 3295X SKP 5614G already collided on veh A SKP 3295X.

There was a taxi SHB 752H behind me while try to avoid hitting on my veh, it swerve to the right & hit the centre divider.

Veh. A - Honda Accord	SKP 3295X	
B - Toyota Wish	SKP 5614G	- Driver - WICHAI SUMANASK ATCHUNKUL
C - Honda City	SJY 2250G	S2590505I
D - Toyota Innova	SHB 752H	HP: 98896661

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 2/12/15 12:10pm

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


 Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

