

## 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	10/07/2017 12:46
Date Of Accident	08/07/2017 16:00
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8666X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH JINQ HORNG EUGENE
NRIC No	S8827098C
Email Address	EUGENEGJH88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98237985
Alternative Phone No	OFFICE-98237985

### Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100501315
Cover Note Number	

### Driver

Name of Driver	GOH JINQ HORNG EUGENE
NRIC No	S8827098C
Date Of Birth	30/07/1988
Occupation	INDOOR
Date Of Driving Pass	01/10/2007
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98237985
Fax Number	
Contact Number	OFFICE-98237985
EEmail Address	EUGENEGJH88@GMAIL.COM

Address	11 WOODLAND AVE 6 #14-01
Postcode	738992
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 - CHANGE/CROSS LANE
Weather Conditions	GOOD
Road Surface	GOOD

#### 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### 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

PLEASE REFER TO THE ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4487H
Vehicle Make/Model/Colour	MITSUBISHI CANTER (LORRY)
Details Of Properties	
Name of Driver	LI GUODONG
NRIC/Passport Number	G2853853M
Contact Number	83058763 / 96181896
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	NG SWEE NOR / SOH WAN TING
Phone Number	98225617 / 96161541
Email 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

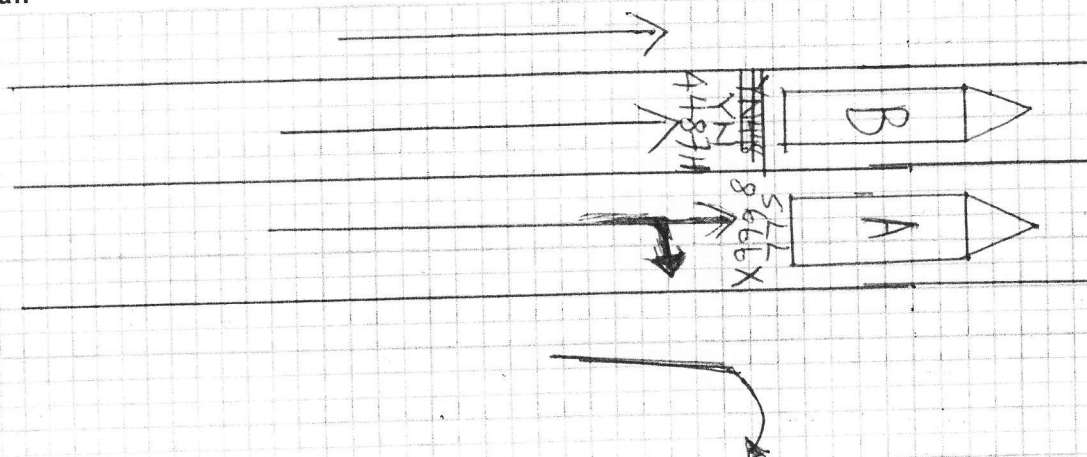
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Describe Circumstances of the Accident

The accident happened on 08/7/17 (Saturday) at 1600hrs.  
along Bendemeer Rd.  
Vehicle B (YN4487H) was

Vehicle B (YN4487H) was on the 2nd lane (only going straight)  
while Vehicle A (SL48666X) was on the 3rd lane, which can  
go straight or/and turn right.

At about 4pm, Driver of Vehicle B, whom was travelling  
on the lane that can only go STRAIGHT,  
suddenly turn RIGHT. This is not allowed as the  
lane can only go straight, and the driver of Veh B admit the mist

As a result, vehicle B knocked onto the left front  
side of vehicle A (whom was travelling straight),  
and caused the damage on vehicle A.

Upon inspection on-site after accident, there was  
no personnel injured.

There was also NO damages on Vehicle B.

Damages was only seen on Vehicle A.  
Front left side.

Video camera and photo evidence will also be  
provided.

## 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