

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	04/08/2017 13:42
Date Of Accident	03/08/2017 15:50
Exact Location Of Accident	LOYANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9607L
Insured/Policyholder	
Name Of Registered Owner	ACE GLOBAL TECHNOLOGIES LLP
Co Reg No	T06LL1729E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807666
Alternative Phone No	OFFICE-98807666

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 SX (A)
Exact Purpose for which vehicle was being used at time of accident	MEETING
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	YES
Policy Number	2100486995
Cover Note Number	

Driver

Name of Driver	GOH KHEE NGIAK
NRIC No	S1297337C
Date Of Birth	21/07/1958
Occupation	INDOOR
Date Of Driving Pass	09/07/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98807666
Fax Number	
Contact Number	
EMail Address	GGRRG8@GMAIL.COM

Address	BLK 82 REDHILL LANE #13-73
Postcode	150082
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	CLEAR
Road Surface	DRY

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)	1

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 ATTACHMENT

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	XD6167H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM BOCK
NRIC/Passport Number	S0222646D
Contact Number	96234511
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO VISIBLE DAMAGE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

mcc617103078

Motor Accident Repair Basic Information

Date of Accident	31 AUG 2017
Time of Accident (24hr format)	around 1550
Exact Location of Accident	Loyang

Own Vehicle Details

Vehicle Registration Number	SLG 9607L
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company ACE GLOBAL TECHNOLOGIES
ID of Registered Owner	<input checked="" type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1287337C T06LL1729E

Vehicle Particulars (Own Vehicle)

Model	KIA FORTE
Exact purpose for which vehicle was being used at the time of accident	meeting
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	2100486995

Driver

Name of Driver	GOLD KIM NOZAK
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1287337C
Date of Birth	27/07/1958
Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor Businessman
Driving Pass Date	/ /
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	98907666
Office / Home / Other Numbers	
Home Address	BLK 82 BOHILL LANE #12-73
Email Address	ggngp@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

OWNER/ DRIVER'S SIGNATURE: _____



①

General Information Of The Accident

Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition
Road Surface	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other If Others, please state the condition
Other Information	
Was anyone injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any other vehicle or property damaged? (Including witness)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Name of the police station	
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property	
Vehicle Registration No.	XD 6167H
Vehicle Make/ Model/ Colour	
Details of Property	
Name Of Driver	LIM BOCK / Or Kim Row Contractors PL
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S 0222646D
Contact Number	96234511 Supervisor AH/KUAN/98167283
Name of Insurance Company	
Nature of Damage	No visible damage

Detail of Witness - Name	
Detail of Witness - Phone	
Detail of Witness - Email	

Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:



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.

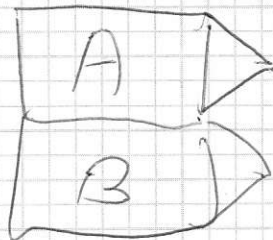
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Loyang Ave

Describe Circumstances of the Accident

On 3/8/17 When i was travelling along Loyang Ave towards Tampines on middle lane, a truck XD61674 suddenly swerved from right lane into my lane as the driver tried to avoid traffic for the right lane turning to TPE. The truck crash onto the right side of my car despite me sounding my horn to warn him.
I signel him to stop on extreme left lane to exchange our details. He looks tired and worn out and keep apologising to me. The driver Mr Lim Boon does not know he is under what insurance company and ask me to call his supervisor Ah J Kuan 98167223.

Declaration

We declare the foregoing particulars are true in every respect.



4/8/17 11:00am
Policyholder's Signature / Date & Time

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

Archi 4/8/17
Witnessed by Reporting Centre Personnel