

## 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	07/08/2017 16:17
Date Of Accident	07/08/2017 07:25
Exact Location Of Accident	ALONG CTE TOWARDS CITY (BEF AMK AVE 5)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1222Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KEE LAM
NRIC No	S6806540B
Email Address	BEEMER6806@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96835018
Alternative Phone No	OFFICE-96835018

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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
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	2100482801-00000
Cover Note Number	

### Driver

Name of Driver	CHUA KEE LAM
NRIC No	S6806540B
Date Of Birth	14/02/1968
Occupation	INDOOR
Date Of Driving Pass	20/11/1985
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96835018
Fax Number	
Contact Number	OFFICE-96835018
Email Address	BEEMER6806@GMAIL.COM

Address	626 UPPER THOMSON ROAD #02-15
Postcode	787130
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	CHAIN COLLISION
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)	2

#### 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

AT AROUND 725AM, I WAS DRIVING ALONG CTE TOWARDS CITY, AFTER YIO CHU KANG EXIT, BEFORE AMK AVE 5 EXIT, ON THE 4TH LANE. AS THE MORNING TRAFFIC WAS HEAVY, FRONT VEHICLES STOPPED. I ALSO STOPPED. MY CAR WAS STATIONARY AT THAT TIME. SUDDENLY, THE VAN GBF9708C CRASHED INTO MY CAR FROM BEHIND. THE IMPACT WAS SO GREAT, IF PUSHED, MY CAR TO HIT THE FRONT VEHICLE SKM298J. REPORTED BY: TF, SUBMITTED BY: MAS

#### 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	GBF9708C
Vehicle Make/Model/Colour	RENALT KANGAROO
Details Of Properties	
Name of Driver	MOHAMMAD TAUFIQ BIN BORHAN
NRIC/Passport Number	S8316558H
Contact Number	
Address	BLK 435 YISHUN AVE 6 #03-2106
Postcode	760435
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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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)**

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' 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

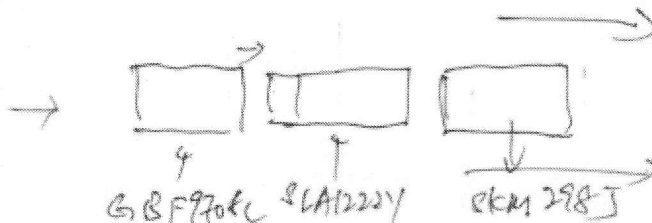
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM298J  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver LEE YONG TECK  
NRIC/Passport Number S6847903G  
Contact Number  
Address 2 SERANGOON GARDEN TERRACE  
Postcode 554458  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### Details of Witness

Name  
Phone Number  
Email Address

### Sketch Plan #2

## Describe Circumstances of the Accident

At around 7:25 am I was driving along ITE towards City, after Via Chin Keng exit, before Aruk Ave 5 exit. on the 4th lane. At the ~~the~~ morning traffic were heavy. Front vehicles stopped. I also stopped. ~~Suddenly~~ ~~the~~ My car was stationary at the time. Suddenly the van BBF9708 crashed into my car from behind. The impact was so great it pushed my car to hit the front vehicle. Stn 298.

### 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

