

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: SHASHI

## MOTOR ACCIDENT REPORT

Date Of Report: 18 Nov 2017 Time: 12 pm Date Of Accident: 14 Nov 2017 Time: 10:45  
Exact Location Of Accident: Ang Mo Kio Ave 10  
Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ / Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SLE4831Z Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S8021944Z  
Name Of Registered Owner: Sim Pei Fen  
Mobile Number: 94752708 Alternative No: 67909129 Email Address: simplace2707@hotmail.com

## Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☐ Suzuki ☐ Hino ☐ Model: Wigh.  
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☐ Other ☐ (please specify):  
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒  
Vehicle Category: Private Car ☐ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: AIG  
Any In-Car Camera? (applicable for United Overseas Insurance Limited insured only): Yes ☐ (please attach photo) No ☐  
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐  
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 2100475785-00000

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Sim Pei Fen NRIC/ Passport / FIN No: S8021944Z  
Date Of Birth: 27 July 1980 Occupation: Indoor ☒ Outdoor ☐  
Date Of Driving Pass: 20 Jan 2000 Gender: Male ☐ Female ☒  
Mobile Number: 94752708 Fax No: Alternative No: 67909129  
Address: 232 Westwood Ave #08-29 Singapore Postal Code: 648360  
Email Address: simplace2707@hotmail.com  
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:  
Vehicle Registration Number of Driver's Own Vehicle (if applicable): SLE 4831Z  
Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Right Side Collision Number of Passengers in the above vehicle (Including Driver):  
Weather Conditions: Clear ☐ Raining ☐ Others ☐ (If others, please state condition):  
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):  
Was any body injured in the Accident? No ☐ Yes ☐  
Was any foreign vehicle involved in this accident? No ☐ Yes ☐ Vehicle No: Vehicle type:  
Was any other material or property (e.g: other vehicle) damaged? No ☐ Yes ☒  
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒  
Was the accident reported to the police? No ☐ Yes ☐ (If yes, please state which Police Station):  
Was notice of intended Prosecution given? No ☐ Yes ☐ (If yes, please state against whom):  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☒

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SHC 7883L Vehicle Make/Model/Colour: Hyundai (Yellow Taxi)  
Details Of Properties Damage in Accident:  
Name of Driver: Koh Yiah Miang  
NRIC/Passport/FIN Number: S0162240D Contact Number: 96371428  
Address: Blk 635 Hougang Ave 8 #09-61 Singapore Postal Code: 1953  
Insurance Company Name:  
Nature Of Damage: No. Of Passenger (Including Driver): 2

## DETAILS OF ACCIDENT INDEPENDANT WITNESS

Name: Name:  
Phone Number: Phone Number:  
Email Address: Email Address:

## DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)

Name: Approximate Age:  
Address: Postal Code:  
Injuries Sustained: Injured person in which vehicle:  
Were seat belt worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

## SKETCH PLAN

### 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 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.
5. Any false reporting may be referred to the Police for investigation.
6. The 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.

#### 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

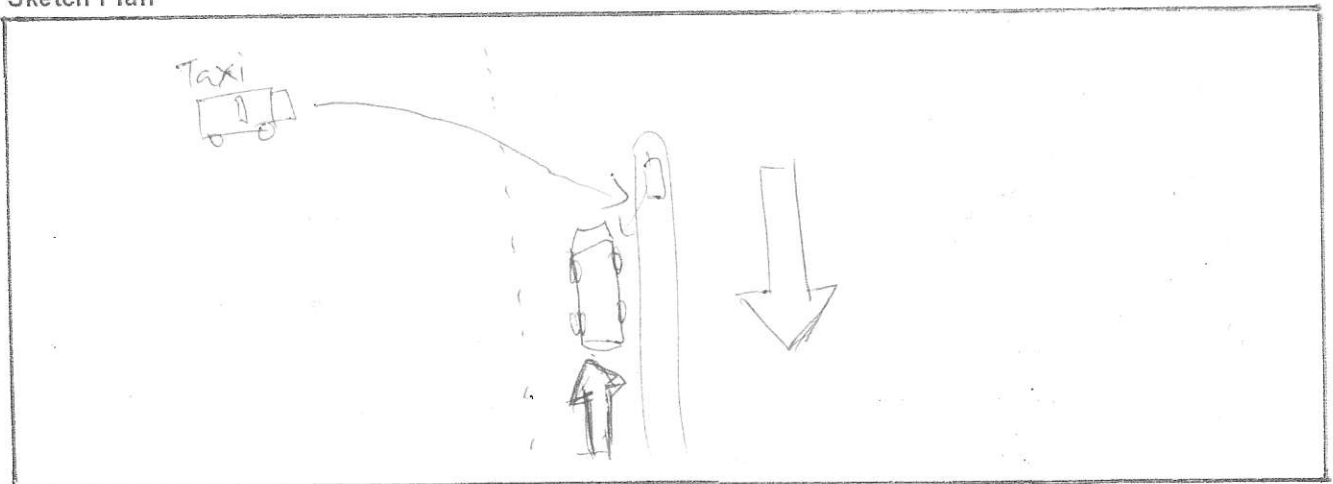
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

16/11/17  
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**


Taxi lost control and hit the road  
Sign post and Sign post hit my vehicle

**Declaration**

We declare the foregoing particulars are true in every respect.

 16/11/17  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel