

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	17/11/2017 09:32
Date Of Accident	16/11/2017 17:40
Exact Location Of Accident	RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA9866T
Insured/Policyholder	
Name Of Registered Owner	CHANG TOU CHOONG
NRIC No	S2624466H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96828609
Alternative Phone No	Others-96828609

Vehicle Particulars

Manufacturer	LEXUS
Model	GS250-2.5 (A)
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	2100305540-05000
Cover Note Number	

Driver

Name of Driver	RAMLAN BIN RAHMAT
NRIC No	S0101589C
Date Of Birth	14/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91687877
Fax Number	
Contact Number	
EMail Address	RAMLANRAHMAT@YAHOO.COM
Address	BLK 114 WHAMPOA ROAD #10-125

Postcode	320114
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)	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

The incident happened on 16/11/2017 at around 5.40pm. I was driving vehicle no. SCA 9866T along Raffles Boulevard on the left lane, while filtering to the right with signal light on (at the yellow box), a taxi no. SHD 3555E going straight hit onto the right side of my car. No injuries.

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	SHD3555E
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	ANG CHENG ENG
NRIC/Passport Number	S1174751E
Contact Number	96106123
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

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

17/11/2017



Driver's Signature

(If driver is not the policyholder)

Date & Time:

17 NOV 2017



Reporting Centre Personnel's Signature

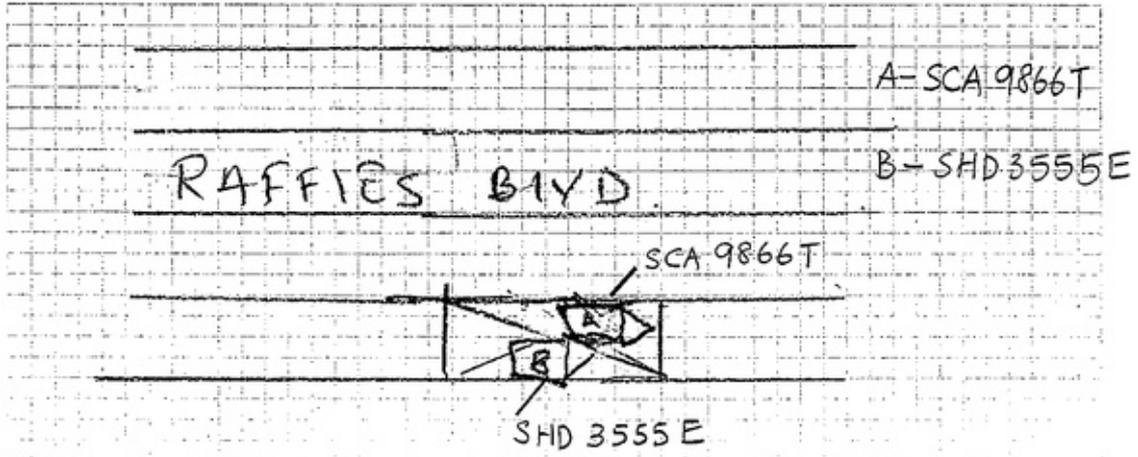
Name:

Jenny Lim

NRIC/FIN No.:

S6927273H

SKETCH PLAN



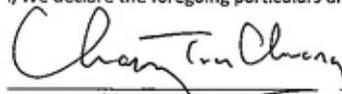
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 16/11/2017 at around 5.40pm.

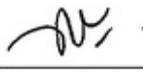
I was driving vehicle no. SCA 9866T on the left lane, while filtering to the right lane with signal light on (at the yellow box), a taxi no. SHD 3555E going straight hit onto the right side of my car. No injuries

DECLARATION

I/We declare the foregoing particulars are true in every respect.


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


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 17 NOV 2017


 Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: S6927273H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0101589C**
 Name: **RAMLAN BIN RAHMAT**
 Birth Date: **14 Sep 1954**
 Issue Date: **24 Nov 2003**

001017913G



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0101589C**

RAMLAN BIN RAHMAT

Race: **MALAY**
 Date of Birth: **14-09-1954** Sex: **M**
 Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Dec 1979
Class 2A	Motorcycles between 201 cc and 400 cc	17 Dec 1979
Class 2	Motorcycles exceeding 400 cc	17 Dec 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Jul 1982

NP 428A

Licence No: S0101589C



120302

5'158

NRIC No: **S0101589C**

Blood Group: **A+** Date of issue: **20-09-1993**

121 114 WKKP03 1080 110-121
 SINGAPORE 1232

NRIC No: **S0101589C** Date: **10-12-1994** No: **1622666**




Accident Photo



Accident Photo



Accident Photo



Accident Photo

