

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	25/11/2017 14:33
Date Of Accident	24/11/2017 18:50
Exact Location Of Accident	CLUNY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD7320R
Insured/Policyholder	
Name Of Registered Owner	KOH KIA HUI LEONARD
NRIC No	S1422381I
Email Address	KOH0412@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98203660
Alternative Phone No	OFFICE-98203660
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	2100070871
Cover Note Number	
Driver	
Name of Driver	KOH KIA HUI LEONARD
NRIC No	S1422381I
Date Of Birth	18/12/1960
Occupation	INDOOR
Date Of Driving Pass	23/05/1978
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98203660
Fax Number	
Contact Number	OFFICE-98203660
EEmail Address	KOH0412@GMAIL.COM

Address	132 JLN DERMAWAN S669084
Postcode	
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 - HEAD TO REAR
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 ATTACHED REPORT

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	SCX218C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHIA SING JOO
NRIC/Passport Number	
Contact Number	96159431
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

Accident Sketch Plan Pg. 1

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.
- (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:

25.11.17 0830

Driver's Signature

(If driver is not the policyholder)

Date & Time:

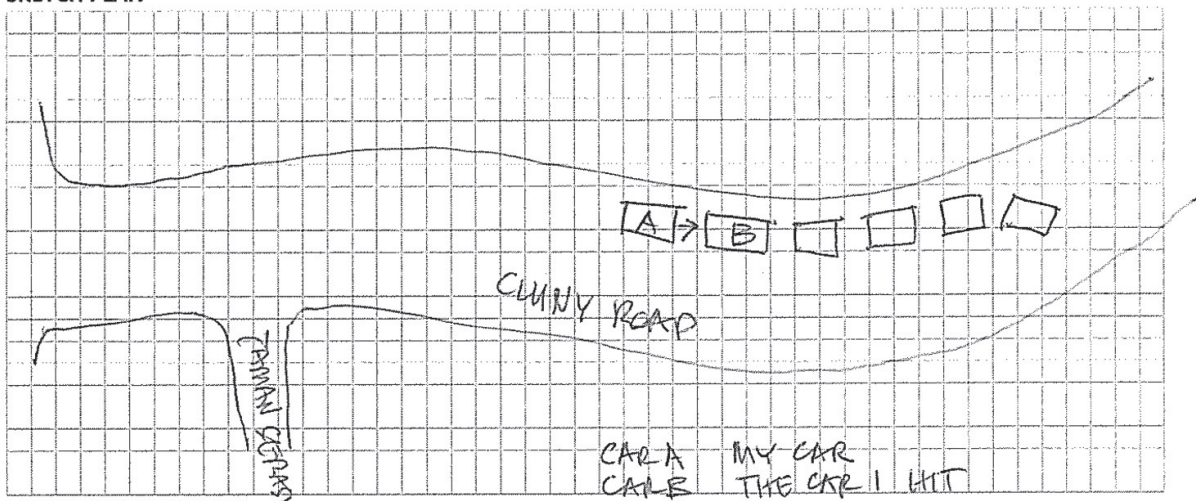


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

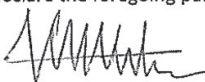


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling north along Cluny Road towards Bukit Timah Road on 24 Nov 2017 at 1850hr behind several cars, the car immediately in front of me being a tall Toyota Alphard (licence plate SCX 218C) when 2 cars stopped to turn right. I did not see this behind the tall Toyota, ~~and~~ braked too late and hit the Toyota.

DECLARATION

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



Policyholder's Signature

Date & Time:

25-11-17

GIARRAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Koh Kia Hui Leonard

VEHICLE NUMBER : SJD 7320 R

DATE/TIME OF ACCIDENT : 24/11/17 18.50

PLACE OF ACCIDENT : Cluny Rd

THIRD PARTY VEHICLE (IF ANY) : SCX 218C

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Napier Rd — BT Timah Rd

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

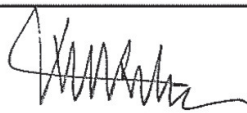
No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to Rear Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.