

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	18/12/2017 17:31
Date Of Accident	16/12/2017 16:00
Exact Location Of Accident	SLIP RD FM SIN MING AVE TWD MARYMOUNT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1479R
Insured/Policyholder	
Name Of Registered Owner	LIN XUGUANG CHRIS
NRIC No	S8709832Z
Email Address	XGLIN87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98299487
Alternative Phone No	Others-96601952

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100500529
Cover Note Number	

Driver

Name of Driver	LIN XUGUANG CHRIS
NRIC No	S8709832Z
Date Of Birth	03/04/1987
Occupation	INDOOR
Date Of Driving Pass	23/10/2009
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98299487
Fax Number	
Contact Number	OTHERS-96601952
EMail Address	XGLIN87@GMAIL.COM
Address	473A UPPER SERANGOON CRESCENT #03-303

Postcode	531473
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)	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

PLEASE REFER TO THE ATTACHED SKETCH PLAN FOR CIRCUMSTANCE OF ACCIDENT.

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	SHB6349A
Vehicle Make/Model/Colour	BLUE HYUNDAI I40 (COMFORT DELGRO TAXI)
Details Of Properties	NONE
Name of Driver	
NRIC/Passport Number	
Contact Number	96927597
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

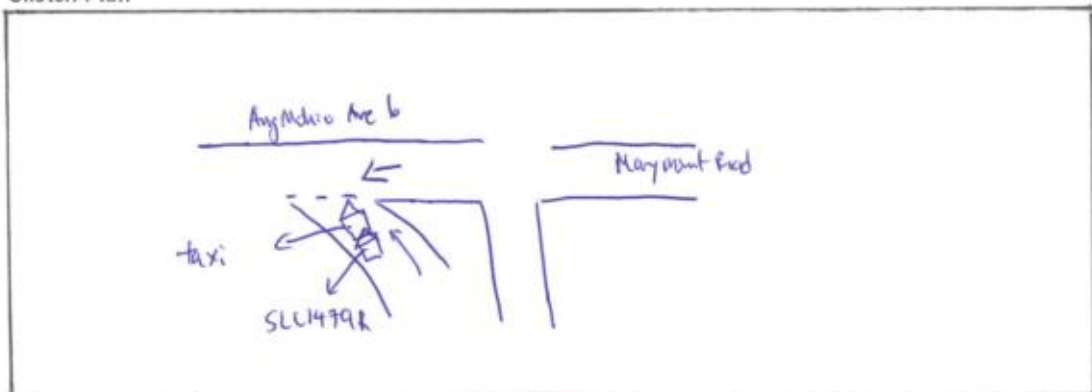
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

 18/12/17
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I was on my way ~~back~~ to Maunabo Crematorium from 37 Sin Ming Drive. While entering into the slip road before merging onto Marymount road/angmoa Ave 6, there were a number of vehicles in front. As captured on the video, there were instances of front vehicles braking abruptly. By the time I was the third in-line, the first car braked abruptly before making off. This caused the ~~second~~ car in front to brake abruptly as well, ~~and~~ resulting in the slight contact.

After coming down from the car, ~~and~~ the taxi driver and I began taking photos and exchange particulars. After which, we went forward and further inspect the vehicles. To our relief there were no visible scratch/damages to the taxi. Instead, my front car plate ^{corner tip} was slightly dented. The driver also attempted to open and close the boot with no issues noted. He acknowledged that there was nothing wrong with the car nor physical damage / scratches. However, as he's the relief driver, he was advised by the hirer to report to the taxi company.

Thereafter, he also smsed me ~~the~~ and apologised that he had to follow the ~~the~~ hirer's instructions.

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

INTERVIEW FORM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Lin Yagobang
VEHICLE NUMBER : SL-1479B
DATE/TIME OF ACCIDENT : 16/12/17 ~4 pm
PLACE OF ACCIDENT : Stop Road Green Sun King Ave towards Marymount
THIRD PARTY VEHICLE (IF ANY) : SHB6249A

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
37 Sun King Drive (Fazenda Park) towards Maudslayi Crematorium

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?
No. Just coming into contact as both cars were stationary before second before the accident happened.

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.

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[illegible]

1. Use hereby certifies that the vehicle(s) which this Certificate relates to is/are in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Regulations 1971 and Part II of the Road Transport Act, 1987 (Malaysia).

Issue in Singapore 15 Feb 2017

ALG Asia Pacific Insurance Pte. Ltd.

030210 453
INCHCAPE AUTO TOYOTA UBI SWG
89 LENG KEE ROAD
SINGAPORE 158102

AUTOMOBILE REPRESENTATIVE

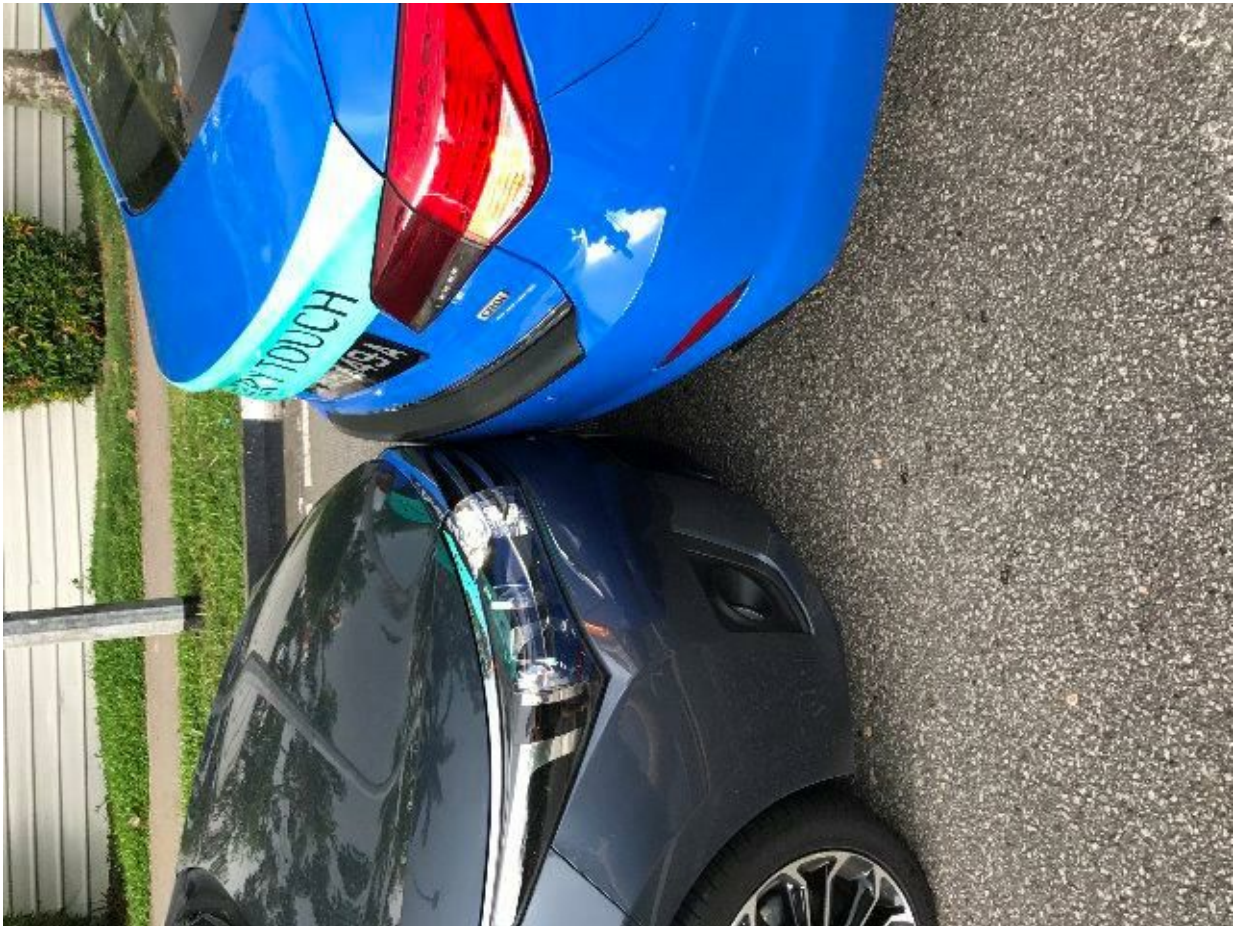
ORIGINAL

15-0593

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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