

## 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	16/12/2017 15:38
Date Of Accident	15/12/2017 19:50
Exact Location Of Accident	ALONG PIE (TUAS) NEAR ADAM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9760T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUN JIOK LUI
NRIC No	S1769078G
Email Address	SISV.CHUNJI@GAMIL.COM
Mobile Phone No	(LOCAL) +65-98227464
Alternative Phone No	OFFICE-98227464

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	
Cover Note Number	

### Driver

Name of Driver	JONATHAN FOO JIA HAO
NRIC No	S1769078G
Date Of Birth	12/12/1993
Occupation	INDOOR
Date Of Driving Pass	29/11/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98227464
Fax Number	
Contact Number	OFFICE-98227464
EMail Address	SISV.CHUNJI@GAMIL.COM

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured CHILDREN  
Vehicle Registration Number of Driver's Own Vehicle -  
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? YES  
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

ON 15 DECEMBER 7.35PM, ALONG PIE (TUAS) NEAR ADAM EXIT, I HAVE MET INTO A CHAIN COLLISION. THE FIRST CAR WAS BRAKING AND I WAS BRAKING AS WELL. HOWEVER A TAXI COLLIDED ON A HARD IMPACT INTO THE BACK OF MY CAR AND I BLANK OUT AND COLLIDED INTO CAR A. CAR C WAS TAILGATING US FROM THE BACK AND I FELT 3 TIMES IMPACT FROM THE BACK AFTER COLLIDING INTO THE FRONT CAR.

#### 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 SHB2244U  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name JONATHAN FOO JIA HAO  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLR9760T  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### 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:

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

Reporting Centre Personnel's Signature

Name: Lim Koo Seng  
NRIC/FIN No.: G2592569M

12:35pm

## Sketch Plan #2

### SKETCH PLAN

Along PIE (Twas) Near Adam Exit.



A: SJS 7275 G

B: SLR 978 60 T

C: SHB 2244 U

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

15  
on 15 December at about 7.35pm, along PIE (Twas) near Adam exit, I have met into a  
crash collision. the first car was braking and I was braking as well. however a taxi  
collided on a hard impact ~~forward~~ into the back of my car and I blank out and  
collided ~~with~~ into car A. Car C was bringing us from the back and I felt strong impact  
from the back after colliding into the front car.

### DECLARATION

I/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: 16/12/2017

Reporting Centre Personnel's Signature  
Name: L. M. S. S. S.  
NRIC/FIN No.: 9865259114

12:35 pm