

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	20/12/2017 09:14
Date Of Accident	19/12/2017 10:05
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7300H
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Insured/Policyholder

Name Of Registered Owner	JACKIE'S ENTERPRISES (S) PTE LTD
Co Reg No	A200101609D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62530355

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100501936-00001
Cover Note Number	

Driver

Name of Driver	KHOO KIM CHENG
Passport No/FIN	F1211953H
Date Of Birth	26/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87318995
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NA
Postcode	
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : KHOO KIM CHENG Gender: : Male

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

SEE ATTACHED SKETCH PLAN AND NOTICE OF REPORTING

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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: 19/12/17

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

Reporting Centre Personnel's Signature
Name:

TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0756 Fax: 6356 4922

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Notice of Reporting

DECLARATION

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

Policyholder's Signature
Date & Time: 19/12/19

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

Reporting Centre Personnel's Signature

Name: TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0750 Fax: 6356 4922

NOTICE OR REPORTING

NOTICE OF REPORTING

This is to confirm that Khoo Kim Cheng, NRIC/PIN: F1211953N, has reported to the Police a non-injury traffic accident which occurred ALONG Havelock road at a carpark on 18/12/2017 at 10.05am involving the following vehicles:

- a) GBF7300H (Complainant's Vehicle, HP: 87318995)
 b) SHD6907D (Defendant's Vehicle)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

3 On the ^{19/12}18/12/2017 at 1005hrs, my vehicle was parked inside a carpark along Havelock road. The weather was clear. My vehicle was parked inside a reserved lot. When I was reversing out from the said lot, I make a check to the right for oncoming traffic. The road was clear and proceeded, suddenly I felt a hit from the rear. I came out to make a check. There was the taxi driver which alighted from the vehicle and spoke with me. We exchange particulars, take picture and drove off. The damages to my vehicle/lorry is the rear door dented. The damages to the taxi is the rear right passenger door dented. There is an in-car camera installed inside my vehicle.

4 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Cassidy Tan

Date: 19/12/2017

Time: 1319hrs

S/D Ref: eSD 32

Police Post/Unit: Thomson NPP

THOMSON NPP
 BLK 25 SINGAPORE
 #01-80
 SINGAPORE 370022
 TEL: 1800-4529999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



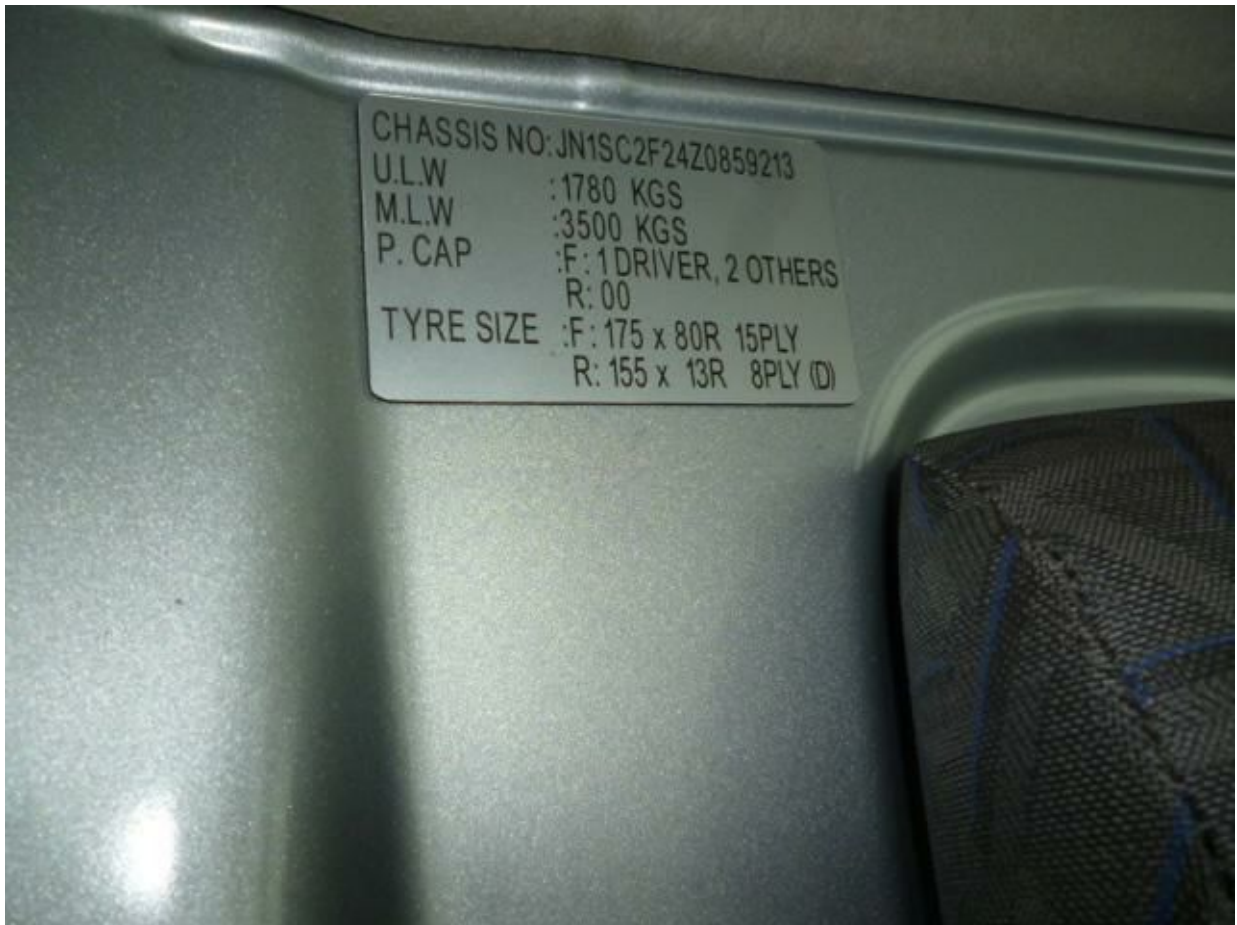
Accident Photo



Accident Photo



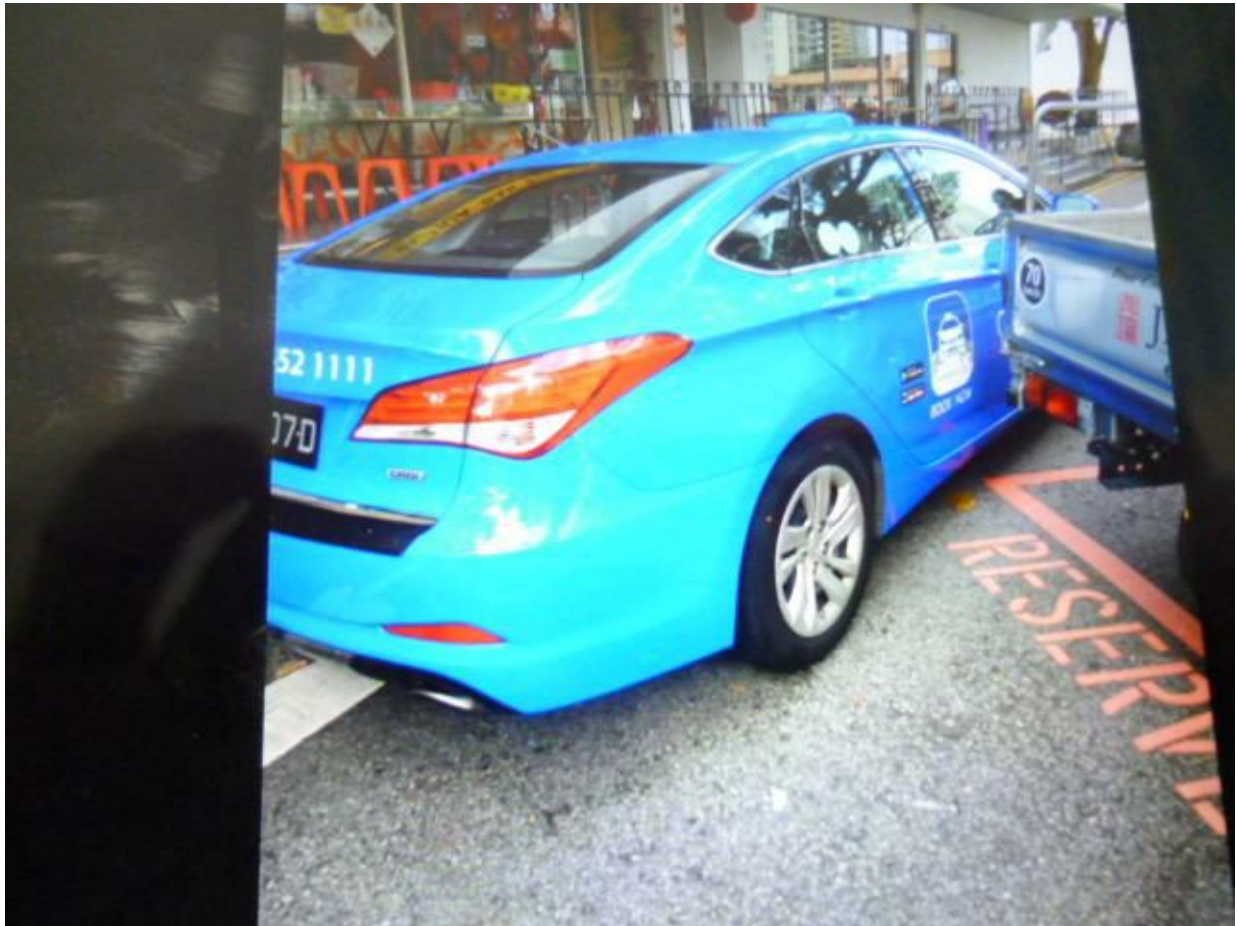
Accident Photo



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Accident Photo

