

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	05/01/2018 18:38
Date Of Accident	25/12/2017 23:20
Exact Location Of Accident	C.TE TOWARDS S.L.E AFTER YIO CHO KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2884A
Insured/Policyholder	
Name Of Registered Owner	SOO SIEW KOKE
NRIC No	S2628438D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98804117
Alternative Phone No	Office-98804117

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO-1.1 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100127328-08001
Cover Note Number	

Driver

Name of Driver	KOH TING WEI
NRIC No	S9548504I
Date Of Birth	27/12/1995
Occupation	INDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82988169

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 128 YISHUN STREET 11 #02-293. SINGAPORE 760128
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : BERLIN NG YUN LING Gender: : Female

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 THE 25TH OF DECEMBER 2017, AT APPROXIMATELY 23 20HRS, I WAS DRIVING ALONG C.T.E TOWARDS S.L.E AFTER YIO CHU KANG ROAD EXIT. AS IT WAS RAINING, ALL CARS WERE MOVING SLOW. I WAS TRAVELLING ON THE MIDDLE LANE AND THERE WAS ROAD WORK ON THE EXTREME RIGHT LANE. OUT OF SUDDEN, AN UNKNOWN TAXI CUT INTO THE LANE THAT I AM IN WHICH CAUSED THE LANE TO BRAKE. AS I SAW THEM BRAKING, I DID THE SAME AND MANAGED TO STOP MY CAR, BUT UNFORTUNATELY DUE TO WET WEATHER AND WET SURFACE AREA, THE CAR ROLLED FORWARD AND LIGHTLY BUMP SHA 1506B. I WENT OUT TO ACCESS THE DAMAGES AND AFTER AGREEING WITH THE OTHER PARTY THAT ONLY THE CAR PLATES HAD A MINOR DAMAGE, WE PARTED WAYS.

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.

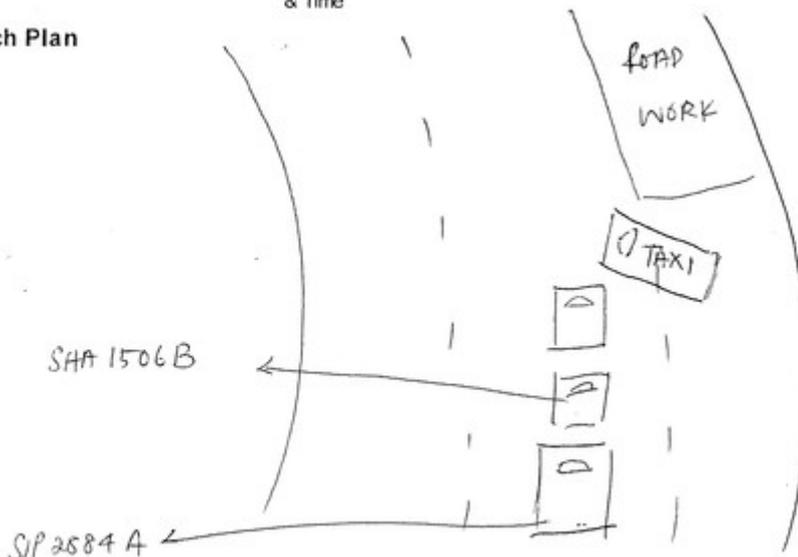


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Individual Statement



ACCIDENT STATEMENT

MOTOR ACCIDENT REPAIR BASIC INFORMATION	
Date of accident	25 / 12 / 2017
Time of accident (24hr format)	2320 HRS
Exact Location of accident	C.T.E. TOWARDS S-LE AFTER Y10 CHO LANG ROAD
OWN VEHICLE DETAILS	
Vehicle Registration Number	SJP 2884 A
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company Soo SIEN KOK
ID Of Registered Owner	<input type="checkbox"/> Co Reg No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No /Fin S2628438D
VEHICLE PARTICULARS (OWN VEHICLE)	
Manufacturer	CITROEN KIA
Model	hamsa 1.1A
Exact purpose for which vehicle was being used at the time of accident	DRIVING
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle category	(Private Car / Comm Veh / Goods Veh / Motor Trade / Government)
INSURANCE COMPANY (OWN VEHICLE)	
Insurance company	A.C. G
Type of coverage	Comprehensive / Third Party / Third Party Fire and or theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number or Cover Note Number	2100127328 - 08001
DRIVER PARTICULARS (OWN VEHICLE)	
Name Of Driver	KOH TING WEI
ID Of Driver	<input type="checkbox"/> Co Reg No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No / Fin S9548504I
Date Of Birth	27 / 12 / 1995
Occupation	Indoor / Outdoor
Driving Pass Date	20 / 06 / 2016
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No	82988169
Office / Home / Others Numbers	-
Home Address	BLOCK 128, YISHUN ST11 #02-293 S'PDRE 760128
Email Address	
Does the Driver Own Any Other Vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If YES, Pls Indicate Driver's Car Veh. No. & Insurance Co.	
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.. Reason: _____

OWNER/ DRIVER SIGNATURE: _____

050118

GENERAL INFORMATION OF THE ACCIDENT	
TYPE OF ACCIDENT	
Weather Condition	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other If Others please state the condition
Road Surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other If Others please state the condition
OTHER INFORMATION	
Was anyone injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by car camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any others vehicle or property damaged? (Including 3rd party / Witness)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Name of the police station	
Was notice of intended Procecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Circumstances Of Accident Refer attachment	

THIRD PARTY VEHICLE DETAIL	
DETAIL OF OTHER VEHICLE / PROPERTY	
Vehicle Registration No.	SYA 1506 B
Vehicle Make/Model/Colour	Blue Chevrolet Aveo (14 years old)
Detail of properties	
Name Of Driver	LOY CHAE CHENG
Driver's NRIC	<input type="checkbox"/> Co Reg No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No /Fin S15676891 B
Contact Number	83880051
Name of Insurance Company	
Nature Of Damage	REAR NUMBER PLATE ONLY
Detail of Witness - Name	
Detail of Witness - Phone	
Detail of Witness - Email	

Damages to other vehicles & property (Other than Vehicles A & B)	Vehicle Regn No or details of property	Names Of The Driver	Phone or Handphone Number

DETAIL OF INJURED PERSON	
Name	
Injury sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>pl</i>
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2

OWNER/ DRIVER SIGNATURE :

[Signature] 050118

Describe Circumstances of the Accident

On the 25th of DECEMBER 2017, at approximately 2320 hrs, I was driving along CTE towards SLE after Yio Chu Kang road exit. As it was raining, all cars were moving slow. I was travelling on the middle lane and there was road work on the extreme right lane. Out of a sudden an unknown taxi cut into the lane that I am in which caused the lane to brake. As I saw them braking, I did the same and managed to stop my car, but unfortunately due to wet weather & wet surface area, the car rolled forward and lightly bump SITA 1526B. I went out to assess the damages & after agreeing with the other party that only the corplates had minor damage, we parted ways.

[Handwritten Signature]
050718

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten Signature]
050718

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

