

AIG vs 1st Cop
Direct own

MVGS18006507-01 / Volkswagen Centre Singapore - HQ
ENTRY DATE & TIME: 13/01/2018 10:52
SUBMITTED BY: Pearlyn Cheong Pei Fang

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	13/01/2018 10:52
Date Of Accident	12/01/2018 18:20
Exact Location Of Accident	EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8068B
Insured/Policyholder	
Name Of Registered Owner	MITCHELL SIA CHIAO-MIN
NRIC No	S7304292E
Email Address	MITCHELL_SIA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97437508
Alternative Phone No	OTHERS-97437508

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100094687-09
Cover Note Number	

Driver

Name of Driver	MITCHELL SIA CHIAO-MIN
NRIC No	S7304292E
Date Of Birth	18/01/1973
Occupation	INDOOR
Date Of Driving Pass	15/12/1995
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-97437508
Fax Number	
Contact Number	OTHERS-97437508
Email Address	MITCHELL_SIA@HOTMAIL.COM

Address	86 ELIAS ROAD #04-21
Postcode	519948
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHMENT

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	SHA3679Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHNG KIAN HOE
NRIC/Passport Number	S1203203Z
Contact Number	98347769
Address	BLK 746 PASIR RIS ST 71 #11-28
Postcode	510746
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
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.

Pearlyn Cheong

Policyholder's Signature

Date & Time:

13 Jan 18 Sat.
1100 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

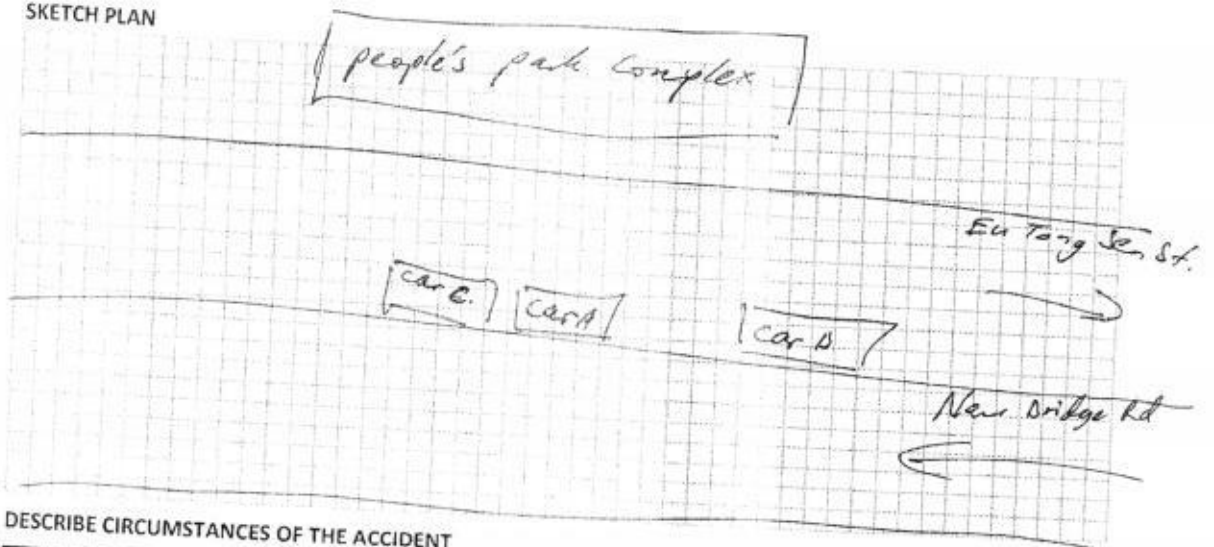
Name:

NRIC/FIN No.:

13 JAN 2018

Sketch Plan Pg. 2

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached document.

DECLARATION

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


Policyholder's Signature
Date & Time: 13 Jan 18 Sat.
1100hrs.


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

Pearlyn Cheong

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 13 JAN 2018

Sketch Plan Pg. 3

I, S7304292E Mitchell Sia was driving (Car A: Black VW Golf GT Sport MkV VRN SJK8068B) along Eu Tong Sen Street past People's Park Complex towards Pickering Street on 12 Jan 18 Fri at about 1820hrs. I was travelling at abt 40-45kmh along the rightmost in a 4-lane road as I was preparing to turn right into Pickering Street. There was a good distance between my car and the car in front (Car B: yellow taxi VRN SHC7908A) and at the rear (Car C: blue taxi Hyundai VRN SHA3479Y driven by S1203203Z Chng Kian Hoe. HP: 98347769). Traffic was quite heavy and the road was wet because it had rained earlier. I started to brake and slow down as traffic in front had stopped. It was not a heavy sudden brake. As I came to a stop, I heard screeching sounds followed by a loud bang and felt an impact from the rear. Car C had hit my car.

Both Mr Chng and I then got out of our cars to check that everyone (including 2 female passengers in his taxi, and my son in my car) were not injured and did not require any medical assistance. We also examined both cars. Mr Chng's taxi suffered damage in the front, while my car's rear bumper was damaged. I advised Mr Chng that I had cameras mounted in front and rear of my car, while he had a camera in front. We then took pictures of the cars, exchanged details and spoke about what happened. I have a recording in which Mr Chng admitted that he had hit my car. He explained that he tried to brake but it was not sufficient to stop the taxi. We then agreed to make our own accident reports within 24 hours. I submit pictures and videos with this report to show what happened.



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

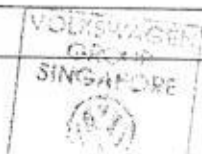
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : STK 8068B
Name(as shown in NRIC): Mitchell Sia Chiao-min
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S73042920
Address : 86 Ellias Road #04-21 S519948
Contact (Tel) : 9743 7508 (H/P) : _____
(Email) : Mitchell.Sia@hotmail.com
Date of Accident : 12.01.2018 Time of Accident : 12.1.2018
Place of Accident : Eu Tong Sen
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TP vehicle number should be SHA 3679Y



Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

Addendum Sheet Pg. 2

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TP vehicle SHA 3679 Y