

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 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	29/01/2018 16:01
Date Of Accident	27/01/2018 14:50
Exact Location Of Accident	PIE (AFTER EXIT 16A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCF5688R
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Insured/Policyholder

Name Of Registered Owner	IN THE ESTATE OF KOH TEOW HOCK
NRIC No	S2569579H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346796
Alternative Phone No	Others-97346796

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (A)
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?	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	0100653333
Cover Note Number	

Driver

Name of Driver	MARIE MARGUERITE CAROLINE LAI TUNG
NRIC No	S2569579H
Date Of Birth	18/08/1961
Occupation	INDOOR
Date Of Driving Pass	16/12/1988
Driving Experience	29 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97346796
Fax Number	
Contact Number	
EMail Address	CAROLINE.KOH@NIE.EDU.SG

Address	22 GREENRIDGE CRESCENT
Postcode	598910
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Number of vehicles involved in the accident	
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)	1

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

REFER TO ATTACHMENT

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	SHC804L
Vehicle Make/Model/Colour	HYUNDAI YELLOW TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO SOOK HIN
NRIC/Passport Number	
Contact Number	97811766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	BUMPER DENTED
No. Of Passenger (Including Driver)	3

Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time

MHY

Driver's Signature
(If driver is not the policyholder)

Date & Time 29/1/2018
3.22pm

DmBng

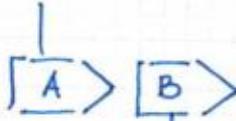
Reporting Centre Personnel's
Name:
NRIC/FIN No.:

SKETCH PLAN

SIF5688R

PIE

ARTER EXIT 16A



SHC 804L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the PIE on the fast lane after exit 16A. I did not realize at on time that the taxi in front of me had stopped. I tried to brake but was unable to stop the car on time. As a result, my car hit the rear of the taxi.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

Muy

Driver's Signature
(If driver is not the policyholder)
Date & Time 29/1/2018
3.22pm

Dusty

Reporting Centre Personnel's
Name:
NRIC/FIN No.:

Was driver an employee of the Insured's Company No 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

Weather Conditions Clear Raining Others

Road Surface Dry Wet Others

Other Information

Was any foreign vehicle involved in this accident? No Yes

Number of vehicles involved in the accident

Was anybody injured in the Accident? No Yes

Was any injured conveyed to hospital by ambulance? No Yes

Was any other material or property damaged? No Yes

I have been approached by unknown person(s) soliciting/offering accident claims assistance. No Yes

Number of Passengers (Including Driver)

Passenger 1

Male Female

Passenger 2

Male Female

Passenger 3

Male Female

Passenger 4

Male Female

Passenger 5

Details of Police Action

Was the accident reported to the police? No Yes

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No Yes

NO If Yes, against whom?

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo

