### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

Date Of Report 31/01/2018 16:26 Date Of Accident 33/01/2018 16:05 Exact Location Of Accident CHANDER RD Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE	aforesaid.	
Date Of Accident         30/01/2018 16:05           Exact Location Of Accident         CHANDER RD           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number         GBD8264H           Insured/Policyholder           Name Of Registered Owner         YBH IMPEX PTE LTD           Co Reg No         -           Email Address         NOEMAIL           Mobile Phone No         OFFICE-62923931           Vehicle Particulars         TOYOTA           Model         HIACE           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         AIG ASIA PACIFIC INSURANCE PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         2100413490-02000           Cover Note Number         YEO ENG CHYE           Name of Driver         YEO ENG CHYE           NRIC No         S1234343D           Date Of Birth<		ACCIDENT STATEMENT
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NRIC No         \$1234343D           Date Of Birth         27/04/1957	Driver	
Date Of Birth 27/04/1957	Name of Driver	YEO ENG CHYE
	NRIC No	S1234343D
Occupation OUTDOOR	Date Of Birth	27/04/1957
	Occupation	OUTDOOR
Date Of Driving Pass 27/06/1978	Date Of Driving Pass	27/06/1978
Driving Experience 39 YEARS AND 7 MONTHS	Driving Experience	39 YEARS AND 7 MONTHS
Gender MALE	Gender	MALE
Mobile Number (LOCAL) +65-97223395	Mobile Number	(LOCAL) +65-97223395
Fax Number		

**NOEMAIL** 

Address BLK 99B LOR 2 TOA PAYOH #12-29

Postcode 311099

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

-

NO

NO

NO

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

I WAS EXITING FROM THE BLK 668 CHANDER RD TO THE CHANDER ROAD, I STOP MY VEH AT THE STOP LINE AND SEE NO ON COMING VEH ON THE LEFT, THEN I INCHED OUT MY VEH AND STOP WAITING FOR ONE OF THE LORRY WHICH WAS PARKED INFRONT OF NO 27 MOVING OFF FROM THE PARALLEL LOT, THEN I TAKE PLACE THE LOT. SUDDENLY A TAXI COME FROM THE LEFT SIDE SQUEEZED THRU MY VEH AND HIT ONTO MY VEH LEFT FRONT PORTION. I WISH TO STATE, MY VEH WAS STATIONARY AT THAT POINT OF TIME. I SUSPECT WHEN THE TAXI DRIVER COME DOWN FROM THE TAXI, I SMELLING STRONG OF ALCOHOL FROM THE INDIAN TAXI DRIVER.

#### 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 SH8097B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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  interested parties.
- 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:
  - 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:
  - 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.

YBH IMPEX PTE LTD

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Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

TCH PLAN		
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