

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	26/02/2018 09:03
Date Of Accident	23/02/2018 18:55
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8933S
Insured/Policyholder	
Name Of Registered Owner	ONG BENG LEE, KEN
NRIC No	S7333205B
Email Address	MAXIMOPRIME@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97468687
Alternative Phone No	OTHERS-63096768

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1700050389
Cover Note Number	

Driver

Name of Driver	ONG WHATT CHOON
NRIC No	S0047569F
Date Of Birth	09/01/1937
Occupation	INDOOR
Date Of Driving Pass	26/07/1956
Driving Experience	61 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96454176
Fax Number	
Contact Number	
EEmail Address	RONALD.ONG@LIVE.COM

Address	12 KENSINGTON PARK DRIVE #19-02
Postcode	557325
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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: : CHEW POH MOEY 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

REFER SKETCH PLAN & STATEMENT

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	SGB9932H
Vehicle Make/Model/Colour	MITSUBISHI LENCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SIN
NRIC/Passport Number	S2134709D
Contact Number	98169014
Address	
Postcode	
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ9996J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOTA BALANAGENDRA RAO
NRIC/Passport Number	S2682608Z
Contact Number	90623797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	ONG WHATT CHOON
Approximate Age	
Injuries Sustain	STIFF NECK
Injured person in which vehicle?	SKK8933S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1



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) involving 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' lawyer/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")

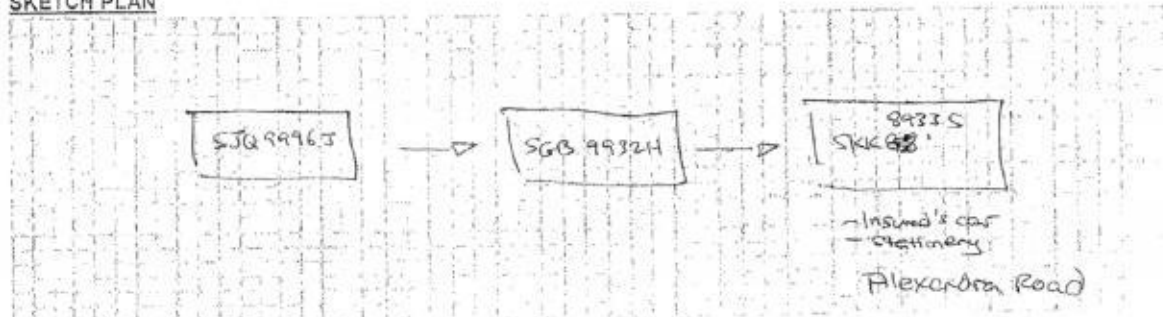
(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firm, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FEB 24, 2018

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was the driver of SKW 89335. My wife, CHEW POH MOEY, was my passenger at the time of the 3-vehicle accident which occurred along Alexander Road, near the junction of Melan Road, on 23 February 2018 at about 6.55pm. My vehicle stopped normally as the vehicles ahead of me stopped because of traffic junction. Immediately thereafter I heard a hard knock on my vehicle. Apparently the vehicle SG-B 9932 H behind me had banged into my vehicle. His vehicle was in turn banged into at the rear by the third vehicle, STQ 9996 J. The impact of the crash onto my vehicle had caused me to have stiff neck due to whiplash.

Declaration

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

[Signature]
24/2/18
1148am

[Signature] 24/2/18

[Signature]
FEB 24, '18

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policy holder) / Date & Time Witnessed by Reporting Centre Personnel