

## 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	10/03/2018 11:27
Date Of Accident	09/03/2018 17:35
Exact Location Of Accident	ALONG RIVER VALLEY RD AFTER KIM SENG RD JUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8202P
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### Insured/Policyholder

Name Of Registered Owner	ANG POH HONG
NRIC No	S0107097E
Email Address	POLLYANG@PRUADVISED.COM.SG
Mobile Phone No	(LOCAL) +65-83832073
Alternative Phone No	Office-96272454

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	transport
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	1700061691
Cover Note Number	

### Driver

Name of Driver	LIM THIAM CHUAN
NRIC No	S0797024B
Date Of Birth	28/09/1941
Occupation	INDOOR
Date Of Driving Pass	31/12/1966
Driving Experience	51 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83832073
Fax Number	
Contact Number	OFFICE-96272454
EMail Address	POLLYANG@PRUADVISED.COM.SG

Address	17 OXLEY GARDEN
Postcode	238748
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	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	1
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

As i was travelling along river valley road a taxi SHC3267S ( Blue comfort taxi ) ,suddenly turned from Irwell road into my lane and hit the right side of my car.The impact causes damaged on the right side front and back doors including the right hand fender cowl etc,

#### 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	SHC3267S
Vehicle Make/Model/Colour	COMFORTDELGRO
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)	

Sketch Plan

Singapore Accident Statement

SSNFEAS11U2039409

053/IC/PCAC/CAR/2018  
pollyang@pmadviser.com.sg

Accident Date & Time: 9/3/2018 Around 5-35pm	
Accident Location: Along River Valley Road after Kim Seng Road Junction	
Vehicle Number: SL58202P	Make/Model: Nissan Dashqai 1.2 DIG-Turbo
Policyholder Name: Ang Poh Hong	
NRIC: 0107097E	Mobile: 8383073
Email: pollyang@pmadviser.com.sg	
Insurance Company: AIE	
Policy Number: 1700061691	Cover Note:
Policy Coverage: Comprehensive(✓)	Third Party( ) Third Party Fire & Theft( )
State Action Taken: Claim Own Policy(✓)	Claim Third Party( ) Reporting Only( )
Driver Name: Lim Thian Chuan	
NRIC: S0797024B	Mobile: 96272454
Date Of Birth: 28/09/1941	Driving Pass Date: 31/12/1966
Gender: Male(✓) Female( )	Occupation: Indoor(✓) Outdoor( )
Address: 17 Oxley Road, Spore 238748	
Is driver an employee of the Insured's Company: Yes( ) No(✓)	
If No, Relationship of the Driver with the Insured:	
Owner( ) Spouse(✓) Friend( ) Relative( ) Children( ) Sibling( )	
Weather Conditions: Clear(✓) Raining( ) Others( )	
Road Surface: Dry(✓) Wet( ) Others( )	
Was any foreign vehicle involved in this accident? Yes( ) No(✓)	
Was any body injured in the Accident? Yes( ) No(✓)	
Was there any video captured by Car Camera? Yes( ) No( )	
Number of Passengers (Including Driver): NIL	
Was the accident reported to the police? Yes( ) No(✓) Attach Police Report, if any	
3 <sup>rd</sup> Party Name:	
Vehicle Number: SHC 3267S	Make & Model:
NRIC:	Mobile:
Witness Details (if any):	
Other Details (if any): Taxi from Comfort & Regro	

## 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: 10/03/2018  
9-15am

GIA/INC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/03/2018  
9-15am

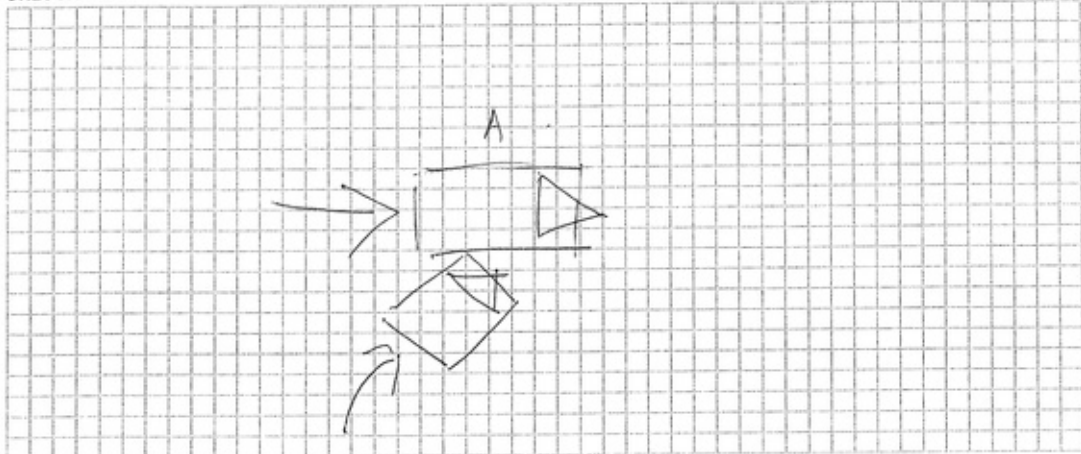


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along River Valley Road, a taxi SHC 3267S (Blue Comfort taxi), suddenly turned from Irwell Road into ~~the~~ turned into my lane and hit the right side of my car. The impact causes damage on the right side front and back doors including the right hand rear fender cowling etc.

## DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time: 10/03/2018  
9:15am

GLARUK SketchPlanForm\_V3

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

Date & Time: 10/03/2018  
9:15am



*[Signature]*  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Driving License



Accident Photo

