#### 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 <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

| aforesaid.   |                                      |
|--|--------------------------------------|
|  | ACCIDENT STATEMENT                   |
| Date Of Report   | 16/03/2018 11:05                     |
| Date Of Accident   | 16/03/2018 08:15                     |
| Exact Location Of Accident   | BKE EXITING KJE                      |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | GBG3321T                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | PROBIZ TECHNOLOGY PTE LTD            |
| Co Reg No  | A200000582N                          |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | (LOCAL) +65-91815329                 |
| Alternative Phone No   | OFFICE-91815329                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | NISSAN                               |
| Model  | NV200-1.5 (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? | NO                                   |
| If No, Please state action to be taken                                       | THIRD PARTY                          |
| Vehicle Category   | COMMERCIAL VEHICLE                   |
| Insurance Company  |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 1700031889                           |
| Cover Note Number  |                                      |
| Driver   |                                      |
|  |                                      |

Name of Driver ONG LAI HENG
NRIC No S7611767E
Date Of Birth 27/04/1976
Occupation OUTDOOR
Date Of Driving Pass 23/05/1994

Driving Experience 23 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91815329

Fax Number

Contact Number

EMail Address NOEMAIL

Address 453D FERNVALEROAD #15-539

Postcode 794453

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 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?

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** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHB9960P

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)

SKETCH PLAN

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- by the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to oppers of the report being made available aboves and
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

3

- My insurer, my work-loop and the General Insurance Association of suppiper ("GIA") nav/are permitted to collect, use, disclose and/or process my personal data/personal information at our of this (firm) and any office personal information is provided by me or possessed by my insurer (callectively the "Personal Information") and disclose and tonsider such Personal Information at 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 (involved in this accident shall be collectively referred to as the "insurers"), the insurers (involved in this accident shall be collectively referred to as the "insurers"). Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
- (i) processing, handling and/or dealing with my claims including the scuttement of the claims and any necessary

(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
- 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.
- 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.
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud. regulators, law enforcement and government agencles 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:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Page 3 of 14

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Any false reporting may be referred to the Police for investigation.

interested parties

(ii) investigating the accident and/or my claims; investigations relating to the claims;

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

the information so collected under (d) above may be shared / disclosed:

(e) (d) (c) (6)

# Accident Sketch Plan Pg. 2

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|--|---|--|
| DECLARATION    We declare the true in every respect.   We declare the true in every re | and time  | BKE.                                     |
| Reporting Centre Personnel's Signature Name: NRIC/FIN No.:   | thing and with                                      |  |

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Page 9

# Accident Sketch Plan Pg. 5



# Accident Sketch Plan Pg. 6



image2.jpeg





# **Accident Photo**





# **Accident Photo**



## **Accident Photo**

