

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	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	
EEmail 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	-
	-
	-

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?	
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 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?	NO

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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6. The report will be forwarded by the members of the GIA Records Management Committee established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will have been made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available elsewhere.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (i) My insurer, my work-shop 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 processed 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 the 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 purposes 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.



[Signature]

Policyholder's Signature
Date & Time:

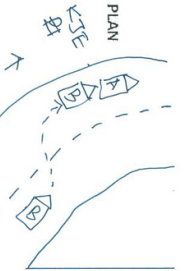
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

Accident Sketch Plan Pg. 2

(A) GBG3321T
(B) SHB9960P

SKETCH PLAN



BKE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above date and time.
I was travelling along BKE exiting KJE.
Vehicle B came from behind and hit
onto the rear portion of my car.

DECLARATION

I/we declare the following particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

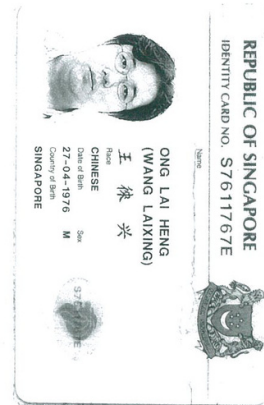
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

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Sketch Plan Pg. 5

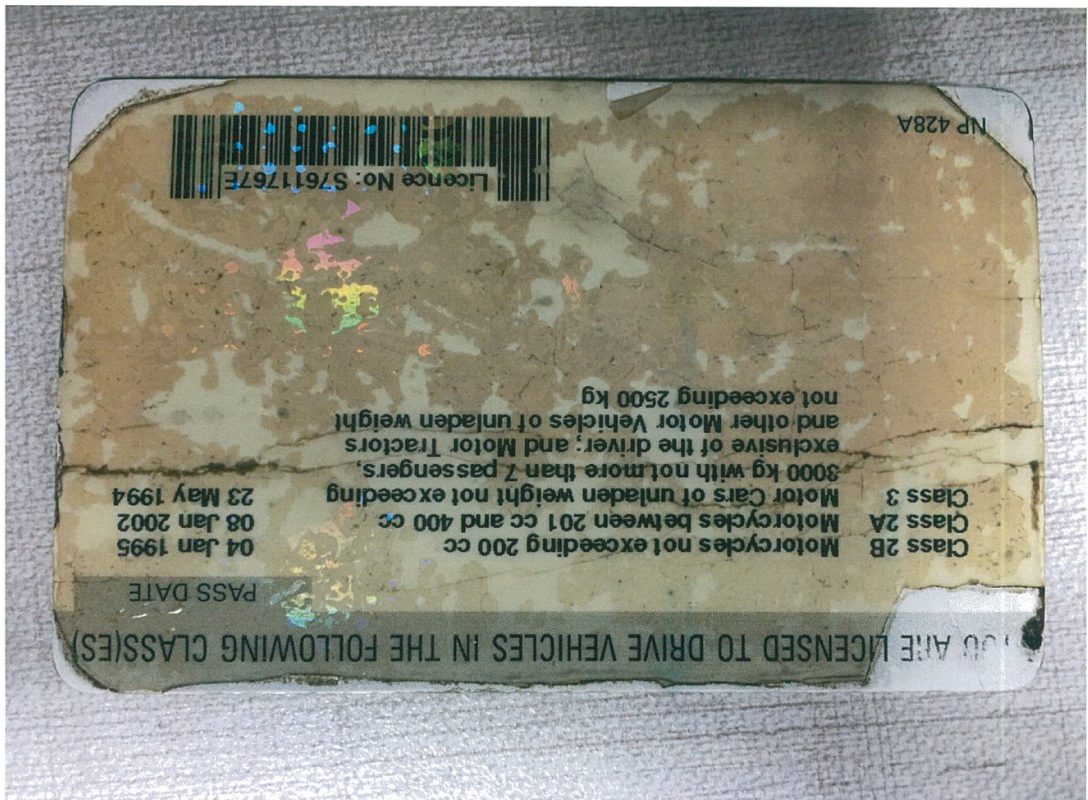
ENDORSEMENT SCHEDULE	
ABOUT THE POLICYHOLDER	
Policy No. : 1700031088 Period of Insurance : 25 Jul 2017 to 24 Jul 2018 Issued Date : 23 Aug 2017 Endorsement No. : 0000000013354	
ABOUT THE VEHICLE	
Name of Policyholder : Pheak Technology Pte Ltd Address : 1 SUNNIEW ROAD SINGAPORE 627615 Occupation/Nature of Business : Wholesale and Retail Trade	
ABOUT THE COVER	
Sum Insured : Market Value Driver's Restriction : NA Reason for Classes of Persons Entitled to Drive : Off Peak Car : No Insuring with CCE/PPF : Yes	
Other Key Policy Benefits : The policyholder is entitled to a maximum of 100% of the sum insured for the loss of the vehicle due to theft or fire, subject to the terms and conditions of the policy. The policyholder is entitled to a maximum of 100% of the sum insured for the loss of the vehicle due to theft or fire, subject to the terms and conditions of the policy. The policyholder is entitled to a maximum of 100% of the sum insured for the loss of the vehicle due to theft or fire, subject to the terms and conditions of the policy.	
ENDORSEMENT REMARK	
Endorsement effective from 23-Aug-2017, as per the terms and conditions of the policy.	

Sketch Plan Pg. 6









Accident Photo



Accident Photo



Accident Photo



