

## 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	20/03/2018 10:23
Date Of Accident	19/03/2018 10:30
Exact Location Of Accident	FILTER LANE FROM HOLLAND RD INTO QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4057L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YI LING ELISSA
NRIC No	S8514234H
Email Address	ELISSAGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96150041
Alternative Phone No	OTHERS-96150041

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO
Exact Purpose for which vehicle was being used at time of accident	GOING TO QUEENSTOWN POLYCLINIC
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	1700049840
Cover Note Number	

### Driver

Name of Driver	GOH YI LING ELISSA
NRIC No	S8514234H
Date Of Birth	22/05/1985
Occupation	INDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96150041
Fax Number	
Contact Number	OTHERS-96150041
Email Address	ELISSAGOH@GMAIL.COM

Address	BLK 6 GHIM MOH ROAD #02-184
Postcode	270006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	2
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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	GBC6311Z
Vehicle Make/Model/Colour	ISUZU PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIEW YAN
NRIC/Passport Number	S2708967D
Contact Number	85881301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	GOH YI LING ELISSA
------	--------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKM4057L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### 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) 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:

19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/3/18 3:37pm

Reporting Centre Personnel's Signature

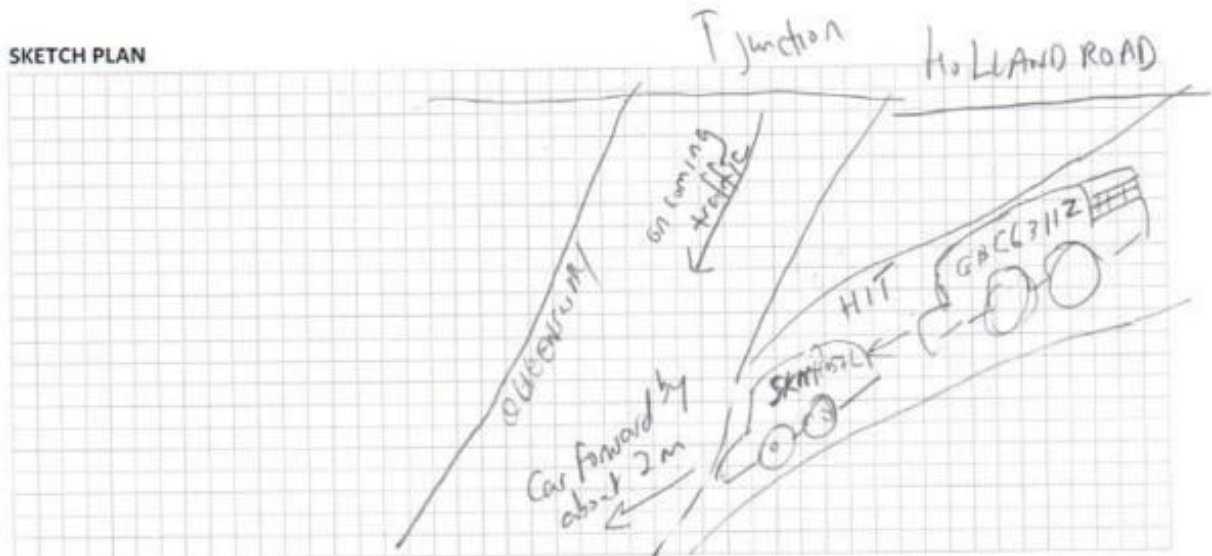
Name:

NRIC/FIN No.:

20/03/2018  
Kee Li Wai

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th March 2018 at 10:30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turned left on the filter lane towards Queensway and slowed down to a stop <sup>at the give way line</sup> to give way to oncoming traffic at the T-junction from Farrer Road to Queensway.

My car was at a complete stop at the give way line on the left filter lane. At that point, my car was hit from the back by an Isuzu truck, car plate number GBC 6311 Z, causing my car to be pushed forward about 2 metres from the give way line. My upper body was also pushed forward towards steering wheel.

The impact on my car is that the rear of my car is dented, the rear bumper is dented and scratched, rear car plate came off. The impact on me was that I was shocked and traumatised, had dizziness and headache, and pain at the base of my head and on my neck.

### DECLARATION

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

Policyholder's Signature

Date & Time: 19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18 3:37pm

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





Accident Photo



Accident Photo



Accident Photo



Accident Photo

