

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	21/03/2018 10:16
Date Of Accident	20/03/2018 17:15
Exact Location Of Accident	PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2208J
Insured/Policyholder	
Name Of Registered Owner	PAK TUNG SING
NRIC No	S6972924Z
Email Address	PAKP88@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81251222
Alternative Phone No	Others-91594968

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.5L SDN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100465066
Cover Note Number	

Driver

Name of Driver	TOH MEI LENG
NRIC No	S6817691C
Date Of Birth	07/05/1968
Occupation	INDOOR
Date Of Driving Pass	21/02/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91594968
Fax Number	
Contact Number	
EMail Address	TOHMEILENG@GMAIL.COM

Address	21 HAZEL PARK TERRACE
Postcode	#18-11 678946
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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 THE ATTACHED 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	SJT2125L
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE CHIN CHENG
NRIC/Passport Number	S1308139E
Contact Number	98368897
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	REAR BUMPER
No. Of Passenger (Including Driver)	1

Sketch Plan


SKETCH PLAN

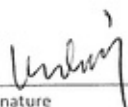
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 21/3 9am.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/3. 9am.


Reporting Centre Personnel's Signature
Name: Catherine Chua
NRIC/FIN No.: S11449251H

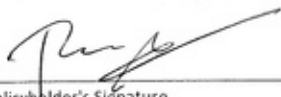


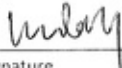
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Changi on 20/3 about 5.15pm and was following behind vehicle no. S372125L at a safe distance on the right-most lane. As you can see from video attached, I was following the car with a very wide space in front of me as it was running. Just after Bukit Timah exit, I filtered left as the left lane was clear. I signalled ahead of time and checked my blind spot for any motorcycle. At that very moment, the driver of vehicle S37 2125L jammed break for no reason, even though there was quite a distance between his car and the front cars. As seen on the video from my in-vehicle camera, at that moment, none of the cars in front of him was applying break and there was no reason for him to jam break to almost a complete stop. This sudden braking resulted in the front right side of my car SGL 22083, colliding with the left rear of his car. I would like to seek so: so resolution for this case as I believe both parties are equally at fault.

DECLARATION

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


Policyholder's Signature
Date & Time: 21/3 9:15am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/3 9:15am


Reporting Centre Personnel's Signature
Name: Catherine Chua
NRIC/FIN No.: S1449251H

SGL2208J



SGL2208J



21/03/2018 10:07

SGL2208J



SGL2208J



SGL2208J

