

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	27/03/2018 16:05
Date Of Accident	27/03/2018 12:20
Exact Location Of Accident	ANG MO KIO AVE 10 INFRONT OF BLK 403 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1279Y
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	HIRER
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	YES
Policy Number	999995153
Cover Note Number	

Driver

Name of Driver	GOH CHEN TIENG MRS ENG-GOH CHEN TIENG
NRIC No	S8019746B
Date Of Birth	11/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	44 BENOI RD BLOCK B
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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 PHOTOS ATTACHED, THANK YOU.

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	SLQ3231Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	PHAM THI THU HUYEN
NRIC/Passport Number	S7787614F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

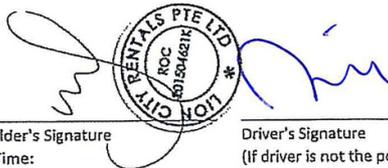
IMPORTANT NOTICE

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 liability.
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. The 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 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 lawyer/s/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:



Signature of Policyholder

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

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



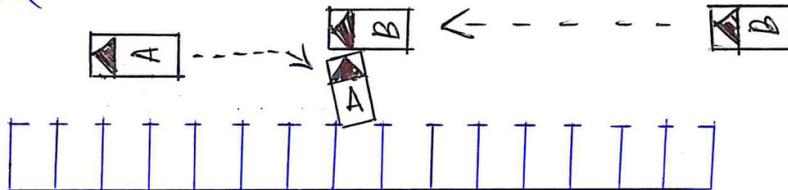
Signature of Reporting Centre Personnel

Accident Sketch Plan Pg. 2

SKETCH PLAN

Ang Mo Kio Ave 10
 in front of BK 403 OSEP

- (A) SHH1294Y
- (B) SLQ3231X

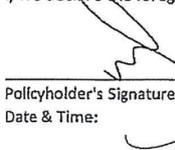


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS REVERSING TO A LOT ALONG ANG MO KIO AVE 10 IN FRONT OF BK 403 OSEP. I CHECK TO INSURE THAT BOTH DIRECTIONS WAS CLEAR BEFORE REVERSING. HOWEVER VEHICLE B OVERTAKE ME AGAINST THE FLOW OF TRAFFIC KNOWING I WAS PARKING. AND DUE TO THAT VEHICLE B COLLIDED INTO MY FRONT RIGHT PORTION AND CAUSE TIRE DAMAGED. I HAVE VIDEO FOOTAGE CAPTURED IN FRONT AND BACK IN CAR CAMERA. WE BOTH EXCHANGED PARTICULARS.

DECLARATION

I/We declare the foregoing 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: YIRA RAHMAN
 NRIC/FIN No.: _____

Accident Sketch Plan

3/27/2018

Singapore - Google Maps

Google Maps Singapore



Image capture: May 2015 © 2018 Google

Google, Inc.

Street View - May 2015



IDENTIFICATION CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S8019746B**
Name: **GOH CHEN TIENG (WU GIANTING)**
Gen Date: **11 Jul 1980**
Issue Date: **27 Jan 2003**

990152571K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8019746B**



Name: **GOH CHEN TIENG**
MRS ENG-GOH CHEN TIENG
吴倩霆
Race: **CHINESE**
Date of Birth: **11-07-1980** Sex: **F** **S8019746B**
Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	08 Feb 1999

NP 428A

Licence No: S8019746B



3508665



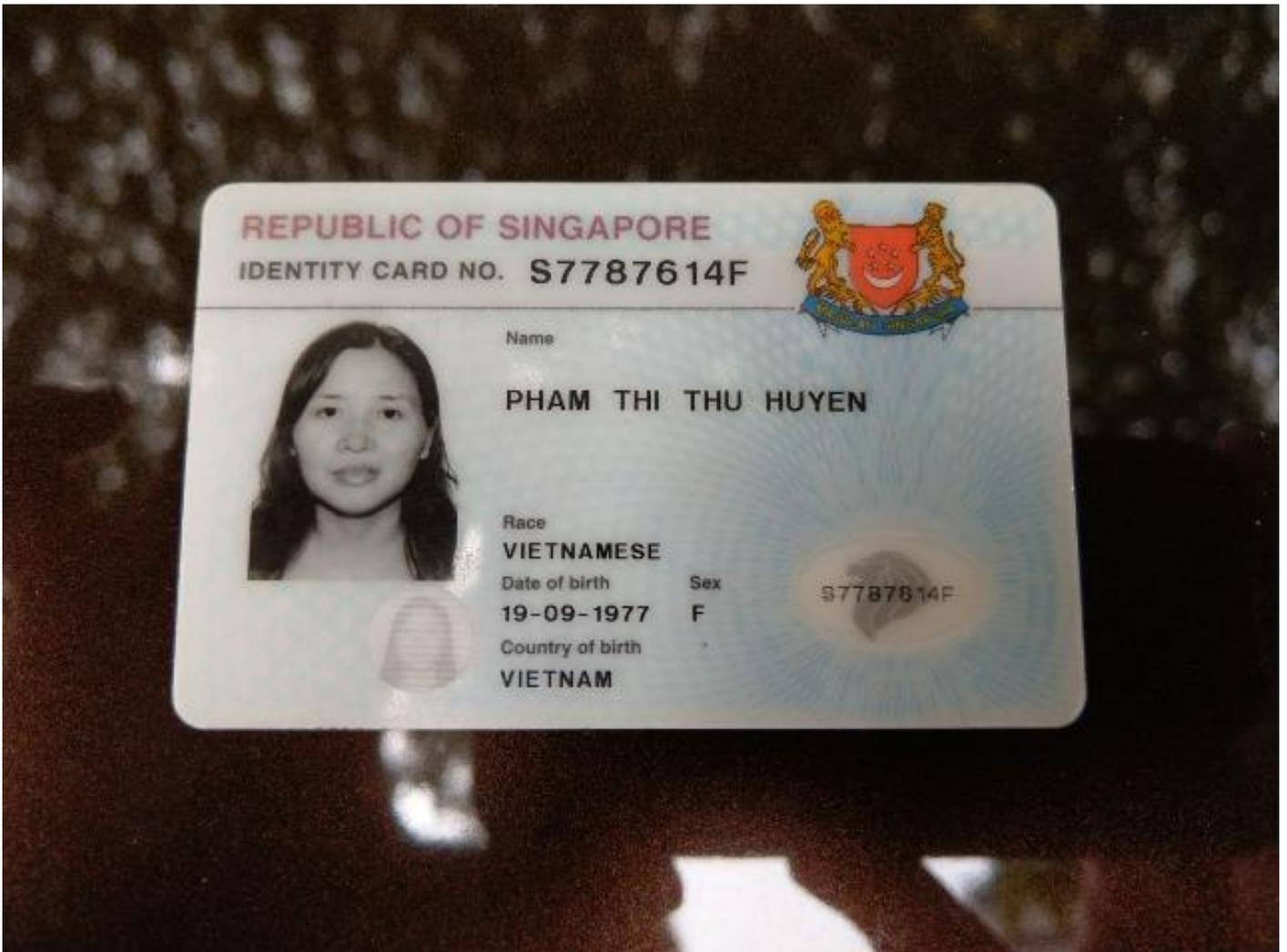
NRIC No: **S8019746B**



Date of Issue: **10-04-2004**

Address: **APT BLK 189 BUKIT BATOK WEST AVENUE 8**
#12-385
SINGAPORE 650169

Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-NSP170G-MWXXQB
ENGINE 2NB-EKE 1496 mL
FRAME No. NSP170-7058879
COLOR 4X4 K312
TRIM FA20 N21
PLANT N21
OPTION 364
MARKING K312 -01A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

