

## 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	09/04/2018 13:54
Date Of Accident	09/04/2018 09:30
Exact Location Of Accident	PIE CHANGI EXIT TO PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8042T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENRY FURNISHING (SALES & LEASING) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97544813

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	2100199745-08
Cover Note Number	-

### Driver

Name of Driver	CHUA JINWEI (CAI JINWEI)
NRIC No	S8123195H
Date Of Birth	30/07/1981
Occupation	INDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97544813
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 43 LOR 5 TOA PAYOH #05-135
Postcode	310043
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	
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)	3
Passenger 1	NAME: : KWEK HUIFANG GENDER: : FEMALE
Passenger 2	NAME: : CHUA KAI XUAN TIFFANY GENDER: : FEMALE

#### 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

I WAS TRAVELLING ALONG PIE TWDS CHANGI EXIT TO PAYA LEBAR RD. WHILE I WAS QUEENING TO THE EXIT, I NOTICE FRONT VEH STOP AS SUCH I FOLLOW MANAGE TO STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SH6232R) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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	SH6232R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHAMMAD PADLI BIN ABDUL HADI
NRIC/Passport Number	S7431585B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

#### DETAILS OF INJURED PERSON 1

Name CHUA JINWEI (CAI JINWEI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGS8042T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name KWEK HUIFANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGS8042T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name CHUA KAI XUAN TIFFANY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGS8042T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident 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.

HENRY FURNISHING (SALES & LEASING) PTE LTD  
5, JLN KILANG BARAT #05-01 & #05-07  
PETRO CENTRE SINGAPORE 159349  
TEL: 6733-7133

X 9/4/18 12:30 P.M

Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

SKETCH PLAN

Paya Lebar Exit

↓ PIE (Changi)

A = SGS8042T

B = SH 6232R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

HENRY FURNISHING (SALES & LEASING) PTE LTD  
5, JLN KILANG BARAT #05-01 & #05-07  
PETRO CENTRE SINGAPORE 159349

Policyholder's Signature

Date & Time:

9/4/18 12:30 pm

CG44040 Sketch Plan Form\_V3.0

Driver's Signature

(if driver is not the policyholder)

Date & Time:

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



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 118046908 Vehicle Registration No: S65 8042T  
Name(as shown in NRIC) : CHUA JINWEI (CAI JINWEI) NRIC/FIN/Passport No : S 8123195H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 43 LOR 5 TOA PAYOH #05-135 Singapore(310043)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97544813  
Email Address : \_\_\_\_\_  
Date of Accident : 09/04/2018 Time of Accident : 0930hrs  
Place of Accident : PIE CHANGE EXIT TO PAYA LEBAR ROAD  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:


I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:


TO ADD IN INJURIES FOR THE FOLLOWING:

1) CHUA JINWEI

2) KWEE HUIFANG

3) CHUA KAIYUAN TIFFANY

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: Liew Shan Hue  
NRIC/FIN No.: \_\_\_\_\_  
Date: 20/4/18.