

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	16/04/2018 15:44
Date Of Accident	14/04/2018 14:25
Exact Location Of Accident	JURONG PORT RD TURNING INTO JLN AHMAD IBRAHIM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK668H
Insured/Policyholder	
Name Of Registered Owner	GOH KUN SONG
NRIC No	S1010489J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90990825
Alternative Phone No	OTHERS-90990825

Vehicle Particulars

Manufacturer	LEXUS
Model	IS250 AUTO STD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100674936-11
Cover Note Number	

Driver

Name of Driver	GOH CHIN HWA (WU ZHENHUA)
NRIC No	S7510057D
Date Of Birth	10/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93252080
Fax Number	
Contact Number	OTHERS-93252080
Email Address	NOEMAIL

Address	BLK 523D TAMPINES CENTRAL 7 #06-119
Postcode	524523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : CELIA NUNES 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

The incident happened on 14 April 2018 at around 2.25pm. At the junction of Jurong Port Road turning right onto Jalan Ahmad Ibrahim Road, our vehicle SGK 668H (Vehicle A) was stationary. It was raining that time of incidents. There was a sudden impact we felt when turned our head. It was a blue taxi (SHC 8327U) that was behind us. The driver of the blue taxi (Vehicle B) signalled us to discuss at the Esso petrol kiosk as it was raining. He (the taxi driver) acknowledged that he had knocked us and he had also signed the paper (attached) and we have also sent him a copy via MMS (attached).

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	SHC8327U
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO WEE SENG
NRIC/Passport Number	S0217984I
Contact Number	96215732
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Sketch Plan Pg. 1

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:

16 APR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 APR 2018

Reporting Centre Personnel's Signature

Name:

Deborah Lai

NRIC/FIN No.:

S7332811Z

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE INCIDENT HAPPENED ON 14 APRIL 2018 AT AROUND 2.25pm
AT THE JUNCTION JURONG PORT ROAD TURNING RIGHT ONTO JALAN
AHMAD IBRAHIM ROAD. OUR VEHICLE SHS 668H (VEHICLE A) WAS
STATIONERY. IT WAS RAINING THAT TIME OF INCIDENT.
VEHICLE THERE WAS A SUDDEN IMPACT WE FELT WHEN TURNED OUR
HEADS, IT WAS A TAXI BLUE SHC 8327 U THAT WAS BEHIND US.
THE DRIVER OF THE BLUE TAXI (VEHICLE B) SIGNALLED US TO
DISCUSS AT THE ESSO PETROL KIOSK AS IT WAS RAINING.
HE ACKNOWLEDGED (THE TAXI DRIVER) THAT HE HAS KNACKED US
& HE HAS ALSO SIGNED THE PAPER (ATTACHED) AND WE HAVE
ALSO SENT HIM A COPY VIA MMS. (ATTACHED)

DECLARATION

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

Policyholder's Signature

Date & Time: 16 APR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 APR 2018

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Deborah Lai

S7332811Z