

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	13/04/2018 11:31
Date Of Accident	12/04/2018 17:00
Exact Location Of Accident	ALONG LANEL OF AYE (NEAR ALEXANDRA EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1054T
Insured/Policyholder	
Name Of Registered Owner	ANG REI-WAN KAREN (HONG RUIWAN, KAREN)
NRIC No	S7938303A
Email Address	GUS_EE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81332696
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	2100390759
Cover Note Number	

Driver

Name of Driver	EE YIN REN GUS
NRIC No	S7717803A
Date Of Birth	02/07/1977
Occupation	INDOOR
Date Of Driving Pass	14/07/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81332696
Fax Number	
Contact Number	
Email Address	GUS_EE@HOTMAIL.COM

Address	1
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HUSBAND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SHA6045G (PRIVATE CAR)
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : EE YIN REN GUS GENDER: : MALE

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

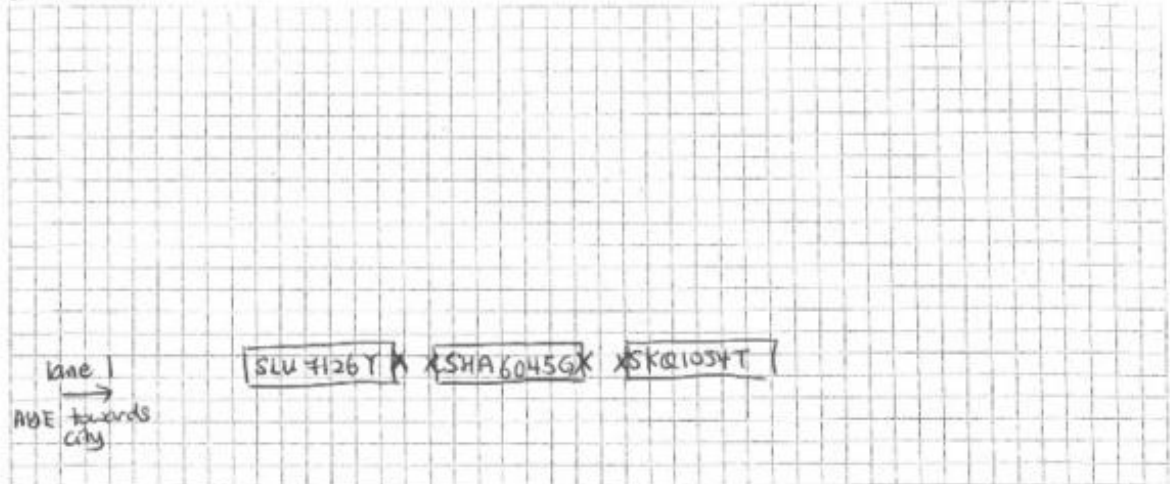
KINDLY REFER TO DOCUMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/4/18 at around 5pm, my husband was driving along lane 1 of ABE towards City. Traffic was building up. Still on lane 1, near Alexandra exit, my husband started slowing down as the vehicle in front of us slowed down. I (passenger in car) noticed that the taxi, SHA 6045G, was very close to us but it was also slowing down. Suddenly I heard a loud bang, followed by an impact at the back of car which made both my husband ^{and} I jerked forward. We got down the car and saw that a BMW (SLU7126Y) front was damaged and air bag was inflated, and the taxi's (SHA 6045G) front and back was damaged as well as ^{car's} my back bumper. Due to the impact, both my husband ^{and} I felt pain at the neck and back area and visited Raffles medical clinic at around 7.15pm on 12/4/18.


Driver of taxi SHA6045G : SIAO KIAN HUAT (S1738033H)

Driver of BMW SLU7126Y : WANG YONG (S2698664H)

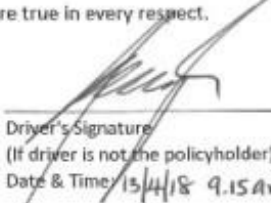
Note: As I am the owner of car, I gave the details of my NRIC and driving license to the other 2 drivers.

DECLARATION

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


Policyholder's Signature
Date & Time: 13/4/18 9.15am

GBRMC SketchPlanForm_V2


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/18 9.15am


Reporting Centre Personnel's Signature
Name: DANIEL A JUDE
NRIC/FIN No.: S9 001518D

Accident Sketch Plan

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

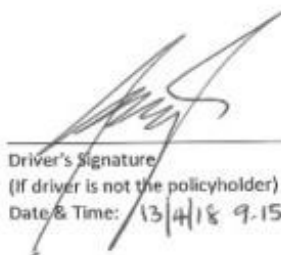
I understand, acknowledge, agree and consent that:

- (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: 13/4/18 9.15am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/4/18 9.15am



Reporting Centre Person's Signature

Name: DANIEL A JOOE

NRIC/FIN No.: S9001518D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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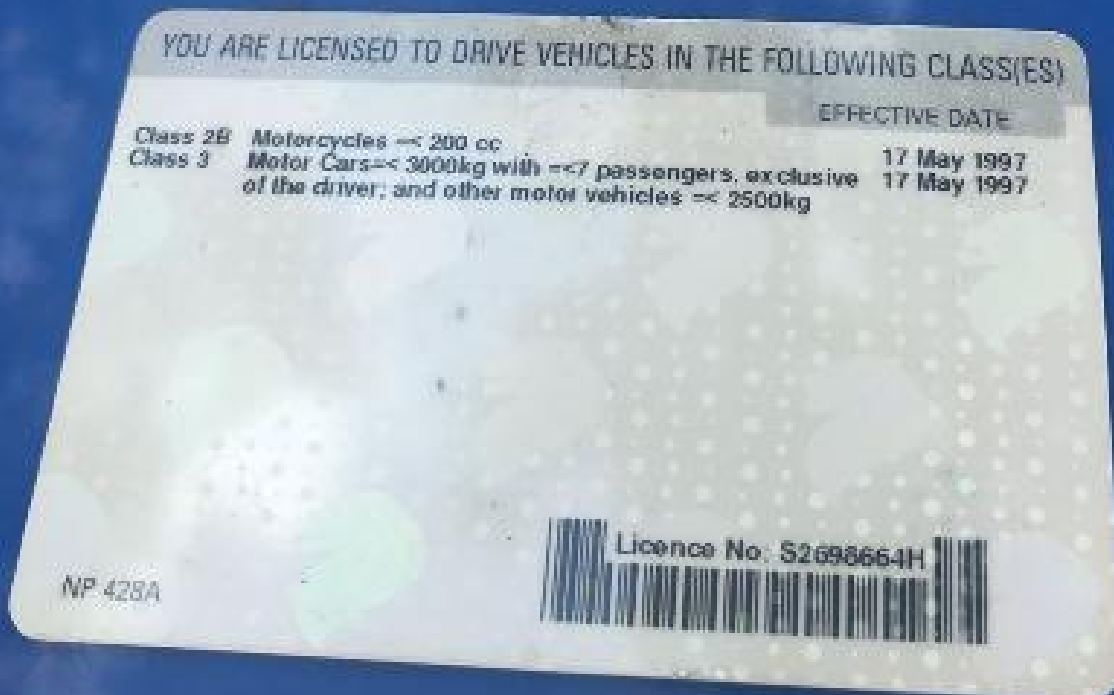
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