### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/04/2018 16:35
Date Of Accident	20/04/2018 00:45
Exact Location Of Accident	FOCH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU201J
Insured/Policyholder	
Name Of Registered Owner	TAN HAK KHOON
NRIC No	S0014178Z
Email Address	HKTAN1999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97866623
Alternative Phone No	OTHERS-97866623
Vehicle Particulars	
Manufacturer	INFINITI
Model	Q50-2.0 T PREMIUM (A)
Exact Purpose for which vehicle was being used at time of accident	
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	1700071476

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Cover Note Number

Name of Driver TAN HAK KHOON NRIC No S0014178Z Date Of Birth 18/05/1953 Occupation **INDOOR Date Of Driving Pass** 20/05/1972 **Driving Experience** 45 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-97866623 Fax Number **Contact Number** OTHERS-97866623

EMail Address HKTAN1999@GMAIL.COM

Address 36 JALAN SEMERBAK

Postcode 329060

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

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Insurance Company of Driver's Own Vehicle

-

NO

#### **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? 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.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

driver Mr Mohamed Nor Bin Hassan, \$1222148G, dob: 25//5/1956. add: Blk 586 Ang Mo Kio Ave 3 #02-3081 \$(580588). comfort degro taxi driver. SHA 3241B On 20 Apr 2018 at 1244am, I was driving at 10 km/h along Foch Road, the weather was fine and the street scene was clear. As I passed Lamp Post 7, I slowed down as I saw a taxi parking on the LHS of Foch Road intended to move. As a precaution, I stopped my car slowly to a standstill near the car. A few seconds after I stopped my car, I felt my car banged from the rear by another car. My car moved forward because of the collision. I pulled the brake. I saw taxi No. SHA 3241B was behind my car, the drive is Mr Mr Mohamed Nor Bin Hassan, \$1222148G. Mr Hassan apologised to me for collide into my car. He said he was following my car since the beginning of the lane and he was looking for an Indian restaurant for food on his left hand side and was not aware that my car had stopped. He apologised for the incident. I told him that I had to stop because the taxi wanted to come out. We agreed to report to our insurance company. That's all.

#### 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 SHA3241B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver MOHAMED NOR BIN HASSAN

NRIC/Passport Number S1222148G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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.
- 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 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:

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

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

# Accident Sketch Plan Pg. 1

SKETCH PLAN

Refer to atte	ch67	
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	articulars are true in every respect.	
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yholder's Signature & Time:	Oriver's Signature (If driver is not the policyholder	Reporting Centre Personnel's Signature Name:

# **Accident Photo**



# **Accident Photo**



# **Accident Photo**

