#### 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	24/04/2018 09:39	
Date Of Accident	24/04/2018 08:25	
Exact Location Of Accident	ALONG KJE TWDS PIE(TUAS) AFT CHOA CHU KANG	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU6253U	
Insured/Policyholder		
Name Of Registered Owner	YAP BINGZHI	
NRIC No	S8507167Z	
Email Address	ZACKYAP@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91123205	
Alternative Phone No	OTHERS-91123205	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA 3	
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	1700084323	
Cover Note Number		

#### **Driver**

Name of Driver YAP BINGZHI
NRIC No S8507167Z
Date Of Birth 05/03/1985
Occupation INDOOR
Date Of Driving Pass 24/03/2006

Driving Experience 12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91123205

Fax Number

Contact Number OTHERS-91123205
EMail Address ZACKYAP@GMAIL.COM

Address 60 VERDE GROVE

Postcode 688592

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 CHAIN COLLISION

Weather Conditions DRIZZLING

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? 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 1

Number of Passengers (Including Driver)

#### **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 STRAIGHT ALONG KJE TWDS PIE(TUAS) AFT CHOA CHU KANG ON THE EXTREME RIGHT LANE AND THE TRAFFIC WAS CONGESTED AND SLOW MOVING.WHILE MY VEH WAS SLOW MOVING,SUDDENLY VEH(B)BEARING REG NO SLX6686M FROM BEHIND HIT ONTO MY REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH(C) BEARING REG NO SJK9450Z

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLX6686M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LIM WEN JUN
NRIC/Passport Number S8929158E
Contact Number 83280027

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJK9450Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver TAN KIM CHUAN

NRIC/Passport Number S0953012F 91474192 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

YAP BINGZHI Name

Approximate Age

Injuries Sustain LOWER BACK SORE & NECK

NO

Injured person in which vehicle? SLU6253U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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 :
  - 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 disciosure 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:
  - 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:

NRIC/FIN No.:

Name

- 24/04/18

Reporting Centre Personnel's Signature

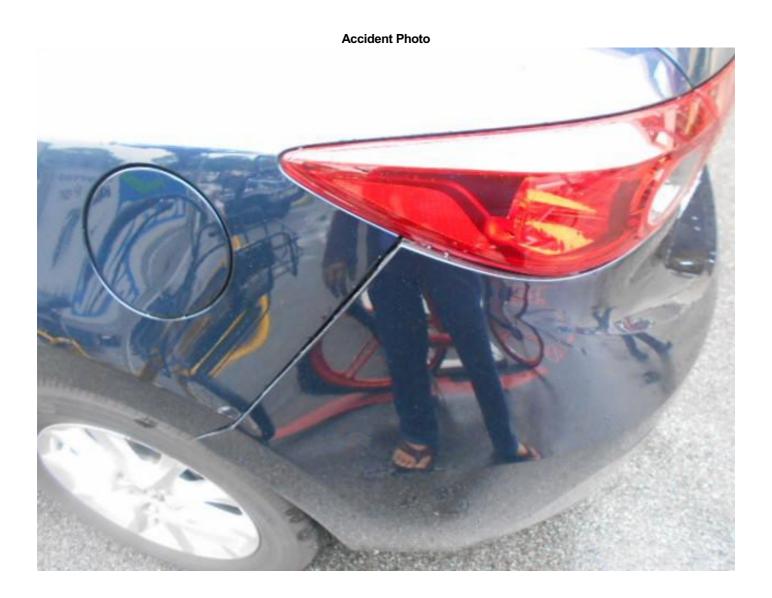
## **Accident Sketch Plan**

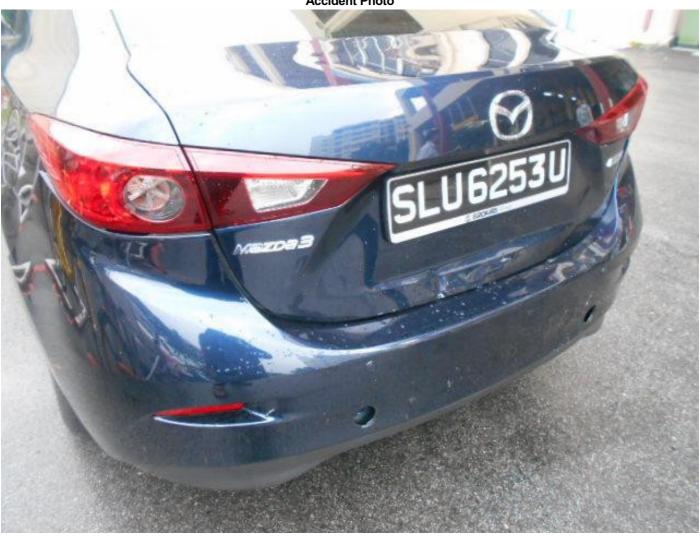
ETCH PLAN	ALONG KJE TWAS PIE	runs) ar
SLU62534 SLX 6686M	A A ACKAVAR	+
5JK9450Z		<u></u>
		<u>,</u>
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	Hichiter
Pls refu	do the otelement.	
DECLARATION  I/We declare the foregoing parti	iculars are true in every respect.	
DECLARATION  I/We declare the foregoing parti	۷	fyr 34 (04/18  M Centre Personnel's Signature







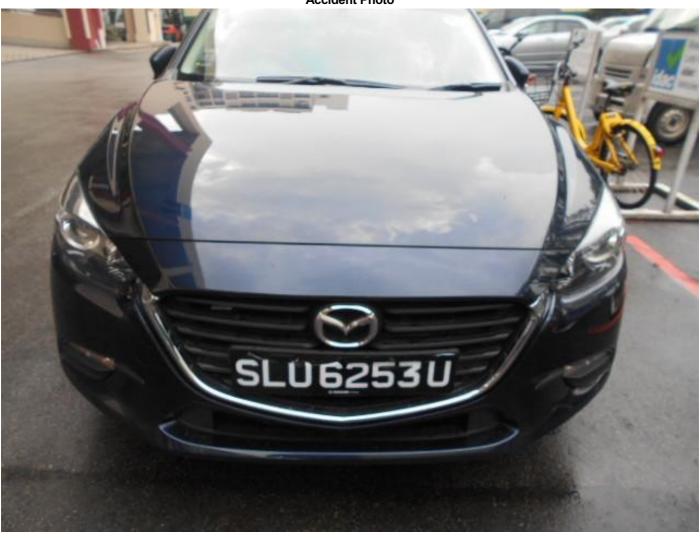
















**Accident Photo** 





