

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	24/04/2018 19:50
Date Of Accident	24/04/2018 13:20
Exact Location Of Accident	WHAMPOA FYLOVER (CTE JOINING TO PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY2345C
Insured/Policyholder	
Name Of Registered Owner	JULIANA POH
NRIC No	S7622102B
Email Address	POH.JULIANA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84990543
Alternative Phone No	Office-68443702

Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFS
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?	YES
If No, Please state action to be taken	
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	1700095007
Cover Note Number	

Driver	
Name of Driver	JULIANA POH
NRIC No	S7622102B
Date Of Birth	22/07/1976
Occupation	INDOOR
Date Of Driving Pass	12/07/1997
Driving Experience	20 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-84990543
Fax Number	
Contact Number	OFFICE-68443702
E-Mail Address	POH.JULIANA@GMAIL.COM
Address	BLK 7 LORONG 42 GEYLANG #05-03
Postcode	398028
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	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.	NO
Number of Passengers (Including Driver)	1

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

AT ABOUT 1.18PM, I WAS DRIVING ON WHAMPOA FLYOVER WHEN I COLLIDED WITH TRANSCAB TAXI SHB7715U. HE KNOCKED INTO THE BUMPER OF THE VAN GX6060C IN FRONT OF HIM. THERE WAS A PASSENGER IN THE BACK SEAT OF THE TAXI. SHE DID NOT HIT THE BACK OF THE FRONT SEAT THOUGH, SHE IS NOT WEAR SEAT BELT. NO ONE IN THE VAN WAS INJURED. THE TAXI DRIVER HAD NO EXTERNAL INJURIES AND DROVE OFF AFTER EXCHANGE OF PARTICULARS. THE TAXI PASSENGER DECLINED AMBULANCE

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	SHB7715U
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	YEO KIM LAI
NRIC/Passport Number	S1122970J
Contact Number	98651977
Address	BLK 105 POTONG PASIR AVE 1 #02-436
Postcode	1335
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX6060C
Vehicle Make/Model/Colour	TOYOTA LITE ACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEE KOK CHOY
NRIC/Passport Number	G7713793P
Contact Number	91853002
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

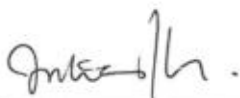
SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

24/6/18.

4.14pm



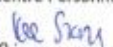
Driver's Signature
(If driver is not the policyholder)
Date & Time:

24/6/18

4.14pm



Reporting Centre Personnel's Signature

Name: 
NRIC/FIN No.: 985525641m

SGY2345C → SHB 7715u → GX6060C

At about 1.18pm, was driving on Whampoa fwy when I collided with Transcab taxi SHB 7715U. He knocked into the bumper of the van SX6060C in front of him.

There was a passenger in the back seat of the taxi. She did not hit the back of the front seat though she did not wear seatbelt. No one in the van was injured. The taxi driver had no external injuries and drove off after exchange of particulars. The taxi passenger declined ambulance.

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

Policyholder's Signature _____
Date & Time: 2/14/18
4:30 pm

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 24/4/18
4.30pm

Reporting Centre Personnel's Signature
Name: Lim Kae Seng
NRIC/FIN No.: G6605604M

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

