

## 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	02/05/2018 13:59
Date Of Accident	30/04/2018 19:25
Exact Location Of Accident	MCE EXTREME RIGHT LANE BEF EXIT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB9903U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO KAH BEE
NRIC No	S6832294D
Email Address	KHOOKAHBEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96990609
Alternative Phone No	Home-66489136

<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A5 COUPE 2.0 TFSI
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100507276-01
Cover Note Number	

<b>Driver</b>	
Name of Driver	KHOO KAH BEE
NRIC No	S6832294D
Date Of Birth	23/08/1968
Occupation	INDOOR
Date Of Driving Pass	17/08/1994
Driving Experience	23 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96990609
Fax Number	
Contact Number	HOME-66489136
E-Mail Address	KHOOKAHBEE@YAHOO.COM
Address	BLK 267A COMPASSVALE LINK #16-77
Postcode	541267
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

THE ACCIDENT OCCURED ON 30/04/2018 AT ABOUT 725PM ABOUT BEFORE EXIT 2 OF MCE ON THE RIGHT LANE. I WAS TRAVELLING STRAIGHT AND THE FRONT VEHICLE (AUDI SDG1921B), APPLIED BRAKE SUDDENLY AND I IMMEDIATELY APPLIED BRAKE AS WELL. THE CAR BEHIND ME, (TOYOTA SBF99K), COLLIDED INTO THE REAR OF MY CAR AND CAUSED A CHAIN COLLISION.

#### 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	SBF99K
Vehicle Make/Model/Colour	TOYOTA / CHAMPANGE GOLD/
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SDG1921B

Vehicle Make/Model/Colour

AUDI/ A4 / WHITE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

REF: 10000000000000000000

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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: 2 May 2018  
834am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Lim Koo Song  
NRIC/FIN No.: C85525691M



Diagram illustrating a linked list structure with three nodes labeled V3, V2, and V1. The nodes are connected sequentially, with V3 pointing to V2, and V2 pointing to V1. An arrow points away from V1, indicating the end of the list.

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graph LR
    V3[V3] --> V2[V2]
    V2 --> V1[V1]
    V1 --> End[ ]

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Below the diagram, the data stored in each node is listed:

- V1: SD61921B
- V3: SBF99K
- V2: SKB99D3U

V1 SDG1921B  
V3 SBF99K  
V2 SKB99D3U

The accident occurred on 30/4/2018 at about 725 pm about before Exit 2 of MCE on the right lane.

I was travelling straight and the front vehicle (Audi SD6 19213) applied brake suddenly and I immediately applied brake as well. The car behind me (Toyota SBF99) collided into the rear of my car and caused a chain collision.

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 2 MAY 2018  
039 am

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

Reporting Centre Personnel's Signature  
Name: Lim Seng  
NRIC/FIN No.: G9823849

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





## Driving License



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

