

## 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	04/05/2018 10:43
Date Of Accident	02/05/2018 19:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT LANE 1 EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3065E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-93869532
Alternative Phone No	OFFICE-93869532

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	999994802
Cover Note Number	

### Driver

Name of Driver	LIN WEI JIE
NRIC No	S8142026B
Date Of Birth	27/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869532
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 18D HOLLAND DRIVE #28-421
Postcode	275018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
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
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 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

PLEASE REFER TOP SKETCH PLAN

#### 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	SKP9672L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TONG CHEE WAI
NRIC/Passport Number	S7432542D
Contact Number	96936375

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHB4288E
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.



General Insurance Association of Singapore  
100, North Bridge Road, Singapore 079406

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

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

## Sketch Plan #2

### SKETCH PLAN

PIE TOWARDS  
CHANGI AIRPORT.  
LANE 1 EXPRESSWAY



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS SENDING PASSENGERS TO CHANGI AIRPORT TER 1. I WAS TRAVELING AT EXPRESSWAY, PIE, TOWARDS CHANGI AIRPORT LANE 1. IT WAS HEAVY TRAFFIC AND CARS ARE MOVING SLOWLY. I HAVE ALREADY SLOW DOWN AT THAT TIME. THE CAR IN FRONT OF THE TAXI SUDDENLY JAM BRAKE AND CAUSES THE TAXI, THE SECOND CAR (B) AND ME JAM BRAKE AT ONCE. AND MY CAR SKID FORWARD TO BANG THE CAR IN FRONT ME AND THE FRONT CAR MOVE HIT ON TO THE TAXI.

WE STOP IMMEDIATELY AND CHECK ON ALL PEOPLE INVOLVES IN THE ACCIDENT ANY INJURIES. NO ONE IS INJURED AT THAT TIME AND WE EXCHANGES OUR DRIVER'S PARTICULARS AND CONTACTS AND I CONTINUE MINE ROUTE AFTER ALL THE EXCHANGE AND PHOTO TAKEN.

### DECLARATION

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



*[Signature]* 03/05/2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 04/05/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

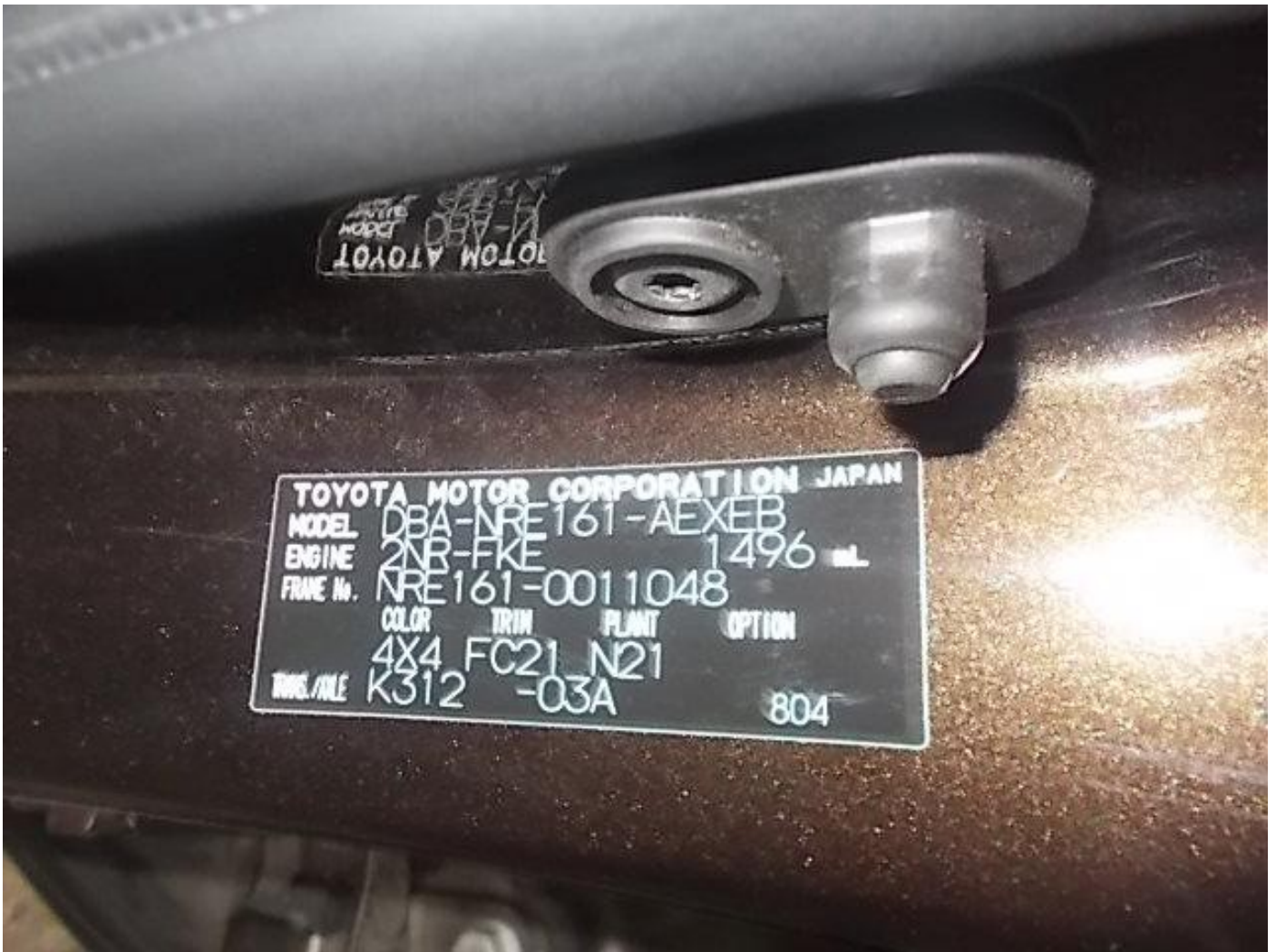


Accident Photo





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