

## 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	07/05/2018 11:45
Date Of Accident	04/05/2018 11:40
Exact Location Of Accident	COMPASSVALE WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6345X
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### Insured/Policyholder

Name Of Registered Owner	ANDREW CHUI MUN WAI
NRIC No	S7374292G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98531866
Alternative Phone No	Others-98531866

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 SX (A)
Exact Purpose for which vehicle was being used at time of accident	PASSENGERS(FAMILY)DRIVING HOME FROM IN LAWS PLACE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100395412
Cover Note Number	

### Driver

Name of Driver	ALETHEA TEO NEE YEOW
NRIC No	S7433831C
Date Of Birth	18/10/1974
Occupation	INDOOR
Date Of Driving Pass	15/10/2002
Driving Experience	15 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98531866
Fax Number	
Contact Number	
E-Mail Address	ALETHEA@FALCROW.COM
Address	BLK 87 PASIR RIS GROVE #06-16
Postcode	518213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING AFTER HEAVY RAIN
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?	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: : AARON CHUI YU FOONG (LEFT FRONT) Gender: : Male
Passenger 2	Name: : ARRILLYN CHUI YU YAN (RIGHT BACK) Gender: : Female
Passenger 3	Name: : ANDREW CHUI MUN WAI 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

REFER TO ATTACHMENT

#### 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	SHC8346P
Vehicle Make/Model/Colour	HYUNDAI TAXI-COMFORT CLUE

Details Of Properties

Vehicle Category	TAXI
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	82829553
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: 7 May 2018  
08:51



Driver's Signature

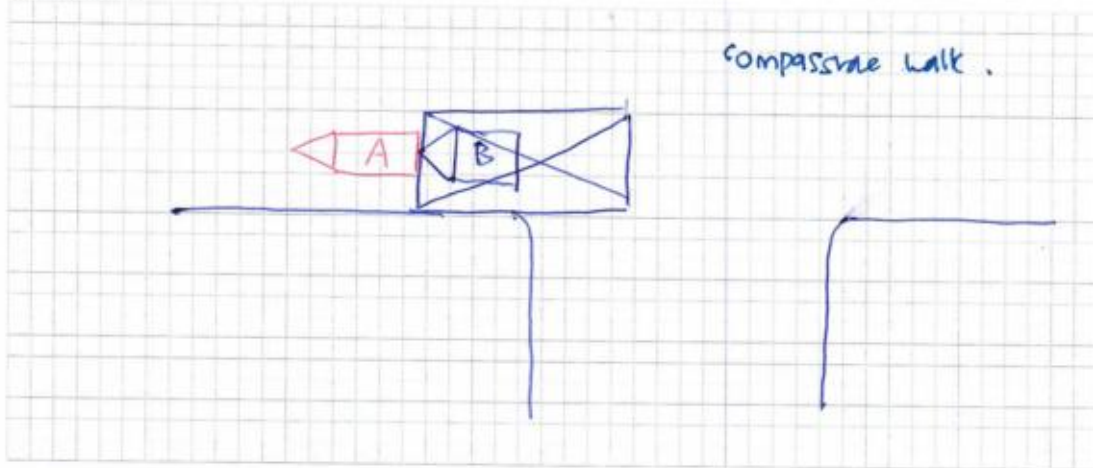
(If driver is not the policyholder)  
Date & Time: 7 May 2018  
08:51



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was at night after a heavy rain. The road was wet. Having checked for traffic and turning left onto Compassvale Walk (from carpark access road), car B hit me from behind. I did not see vehicle B coming was because the headlights was not on and the road was dark.

\*During confrontation: The driver from vehicle B claimed that he was not FEELING WELL. He was sick therefore the ~~had~~ headlights were not on. Kindly take this as a reconsideration as I was with my children (10 yrs + 8 yrs). By not switching on the lights after the downpour ~~might~~ also caused danger to us on the road. He was sick at that point might and definitely affect the outcome. He doesn't want to provide his information on the ~~spot~~ spot too. He was very unresponsive at the point of time whereas I HAVE 2 CHILDREN IN MY CAR.

## DECLARATION

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

  
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.:

7/5/2018 9.56a



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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Accident Photo



REPUBLIC OF SINGAPORE IMMIGRATION & CUSTOMS

Special Member S7374292 G

Name

ANDREW CHUI MUN WAI

Issued: 05 Jul 1975

Expire: 02 May 2005

99991201 111

FOR CAC USE



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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