

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 13:38
Date Of Accident	02/05/2018 11:20
Exact Location Of Accident	EUNOS LINK TOWARDS HOUGANG AVE 3
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW7858S
Insured/Policyholder	
Name Of Registered Owner	GOH AH TONG
NRIC No	S1221290I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82826023
Alternative Phone No	OFFICE-82826023

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 J (M)
Exact Purpose for which vehicle was being used at time of accident	TRAINING/DRIVING LESSON
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059955926-04
Cover Note Number	

Driver

Name of Driver	MOHD FAIZAL BIN SAMAD
NRIC No	S8171155J
Date Of Birth	24/06/1981
Occupation	INDOOR
Date Of Driving Pass	02/05/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98429143
Fax Number	
Contact Number	
Email Address	EXSECUDE@HOTMAIL.COM

Address	BLK 568 PASIR RIS STREET 51 #04-78
Postcode	510568
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : GOH AH TONG 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

I WAS DRIVING MY VEHICLE SGW7858S ALONG EUNOS LINK TOWARDS HOUGANG AVENUE 3 WHEN THERE WAS TRAFFIC JAM AHEAD AND I SLOWED DOWN AND STOPPED MY VEHICLE. THE VEHICLE SLP6590Y FOLLOWING BEHIND ME WAS UNABLE TO STOP IN TIME AND COLLIDED INTO THE REAR OF MY VEHICLE, CAUSING DAMAGE.

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 Witness 1

Name	GOH AH TONG
Phone Number	82826023
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6590Y
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LIM WEE MENG
NRIC/Passport Number	S7642135H
Contact Number	

Address

BLK 323 UBI AVENUE 1 #07-563

Postcode

400323

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE

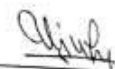
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

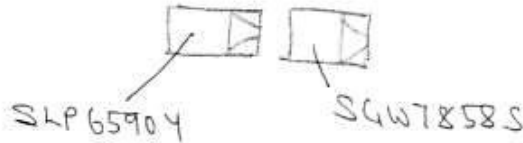
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 2/8/18 11:53


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 2/5/2018 11:55am


 Reporting Centre Personnel's Signature
 Name: ALICE TAN
 NRIC/FIN No.: S0109309D

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle SGW 78583 along Euros Link towards Hongkong Ave 3 when there was traffic jam ahead and I slowed down and stopped my vehicle. The vehicle SLP 65904 following behind me was unable to stop in time and collided into the rear of my vehicle, causing damage.

DECLARATION

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

Policyholder's Signature  2/5/18
Date & Time: 11:55

Driver's Signature  2/5/2018
(If driver is not the policyholder)
Date & Time: 11:55am

Reporting Centre Personnel's Signature 
Name: ALICE TNG
NRIC/FIN No.: S0109329D