

## 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 15:08
Date Of Accident	05/05/2018 13:45
Exact Location Of Accident	CTE TOWARDS CITYMOULEMEIN FLYOVER NEAR EXIT 7D
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV8335Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADRIAN SIM LAI HUAT
NRIC No	S1771770G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93385941
Alternative Phone No	Others-93385941

<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800004971
Cover Note Number	

<b>Driver</b>	
Name of Driver	TANG ZHI RONG, MATTHEW
NRIC No	S9225702I
Date Of Birth	23/07/1992
Occupation	INDOOR
Date Of Driving Pass	09/06/2011
Driving Experience	6 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93385941
Fax Number	
Contact Number	
E-Mail Address	MATTHEW_TANG18@HOTMAIL.COM
Address	BLK 320 WOODLANDS ST 32 #03-209
Postcode	730320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

REFER ATTACHMENTS.

#### 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	SJS5188R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP GUAN TIONG
NRIC/Passport Number	S8169758B
Contact Number	82186834

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT & BACK

## 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: 7/5/18  
1015hrs

GIA/INC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/05/18  
1015hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A : SLV 833 I 8  
B : SJS 518 R  
C : SJP 1283 R

◀ [C] [A] [B] ▶

on 05/05/2018 at about 1348hrs, I was driving my vehicle (SLV8352) along CT16 towards city, before Maulmein flyover before exit 7D at lane 2. While I was driving the traffic was heavy and my car speed is about 30km/hr. I notice the car in front of me is a mitsubishi lancer (~~SE~~ SJP1263R) was slowing down and eventually put into a full stop in a stationary position. The moment when I ~~✓~~ saw the front car was slowing down, I applied gradual brake and subsequently into a full stop without hitting the front car and there is about 1m gap. A few second later, I felt an impact from my rear of the vehicle, due to the impact my car front portion hit on to the front vehicle rear portion.

~~✓~~  
When I set down the vehicle, ~~the back driver~~ to make a check, I notice that my car rear portion was hit by this vehicle (SJS 5188R). The back driver came down his vehicle and immediately said sorry and told me to claim from his insurance.

I aimed to state that during the accident nobody was injured and no government property was damage and there is no traffic police at scene.

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

Copyright Clearance Center, Inc.

Date & Time: 7/5/18 10:58hrs

NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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