

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	23/05/2018 15:51
Date Of Accident	23/05/2018 09:10
Exact Location Of Accident	EUNOS LINK TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5312Z
Insured/Policyholder	
Name Of Registered Owner	NG AH SENG
NRIC No	S0069664A
Email Address	AHSENGNG@NCS.COM.SG
Mobile Phone No	(LOCAL) +65-96655874
Alternative Phone No	Others-96655874

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800030505
Cover Note Number	

Driver

Name of Driver	LIM CHUEY GEK
NRIC No	S1625222J
Date Of Birth	08/11/1963
Occupation	INDOOR
Date Of Driving Pass	16/12/1996
Driving Experience	21 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98211914
Fax Number	
Contact Number	OTHERS-96655874
E-Mail Address	NOEMAIL
Address	BLK 202B PUNGGOL FIELD #10-242 SINGAPORE
Postcode	822202
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	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)	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

AS MY CAR WAS STATIONARY WAITING TRAFFIC LIGHT TURN GREEN, SUDDENLY I ACCIDENTALLY RELEASE FOOT BRAKE CAUSE MY CAR ROLL TO FRONT TOUCHING THE TAXI SHB3229H.

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	SHB3229H
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH BAN TONG
NRIC/Passport Number	S1540385C
Contact Number	96301181

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	23/05/2018
Date of Accident:	23/05/2018
Exact Location of Accident:	Eunos Link traffic Junction
Time: 0910	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	SLX 532Z
Name of Registered Owner:	Ng Ai Seng
NRIC/Passport No./FIN:	S0069664A
Company Reg. No.(for Company Veh):	-
VEHICLE PARTICULARS	
Manufacturer:	MLT
Model:	Attrage
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance:	AI G
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	1800030505
Driver when the Accident Happen	
Name of Driver:	Lim Chuey Gek
NRIC/Passport/Fin No.:	S1625222J
Date of Birth:	08/11/1963
Occupation:	House Wife
Date of Driving Pass:	16/12/1996
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	98211914
Home No.:	- 96655874
Address:	BLK 202B Punggol Field #10-242 Singapore
Postal Code:	822202
Email Address:	-
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured Spouse
Vehicle Registration Number of driver's Own Vehicle:	-
Insurance Company:	-
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	Insured Hit 3rd Party
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Passengers(Including Driver):	1
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by your Camera? :	Yes
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was there any audio recording? :	No
Which Police Station:	-
Was notice of Intended Prosecution given:	-
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	SHB 3229H
Name of Registered Owner:	-
NRIC/Passport No./FIN:	-
Company Reg. No.(for Company Veh):	-
Name of Driver:	Goh Ban Tong
NRIC/Passport/Fin No.:	S1540385C
Mobile No.:	96301181
Home No.:	-
Address:	-
Postal Code:	-
Email Address:	-
Insurance Company:	-
Details of Passenger if any	
Passenger Name:	-
Contact Number:	-
Gender:	-
Details of Injured Person	
Name:	-
Age:	-
Address:	-
Injured Sustained:	-
Injured Person in which vehicle:	-
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:



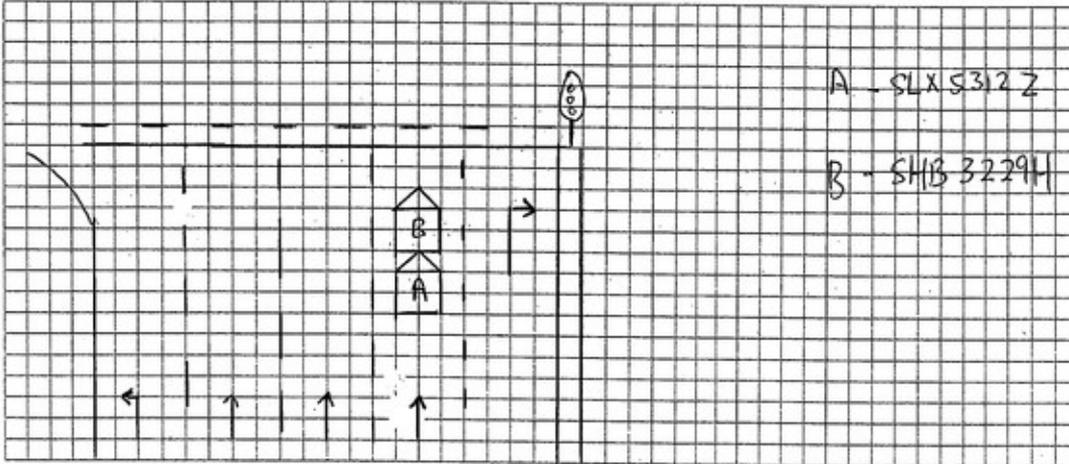
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my car was stationary waiting traffic light turn green, suddenly I accidentally release foot brake cause my car roll to foot touching the taxi SHB 3229 H.

DECLARATION

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

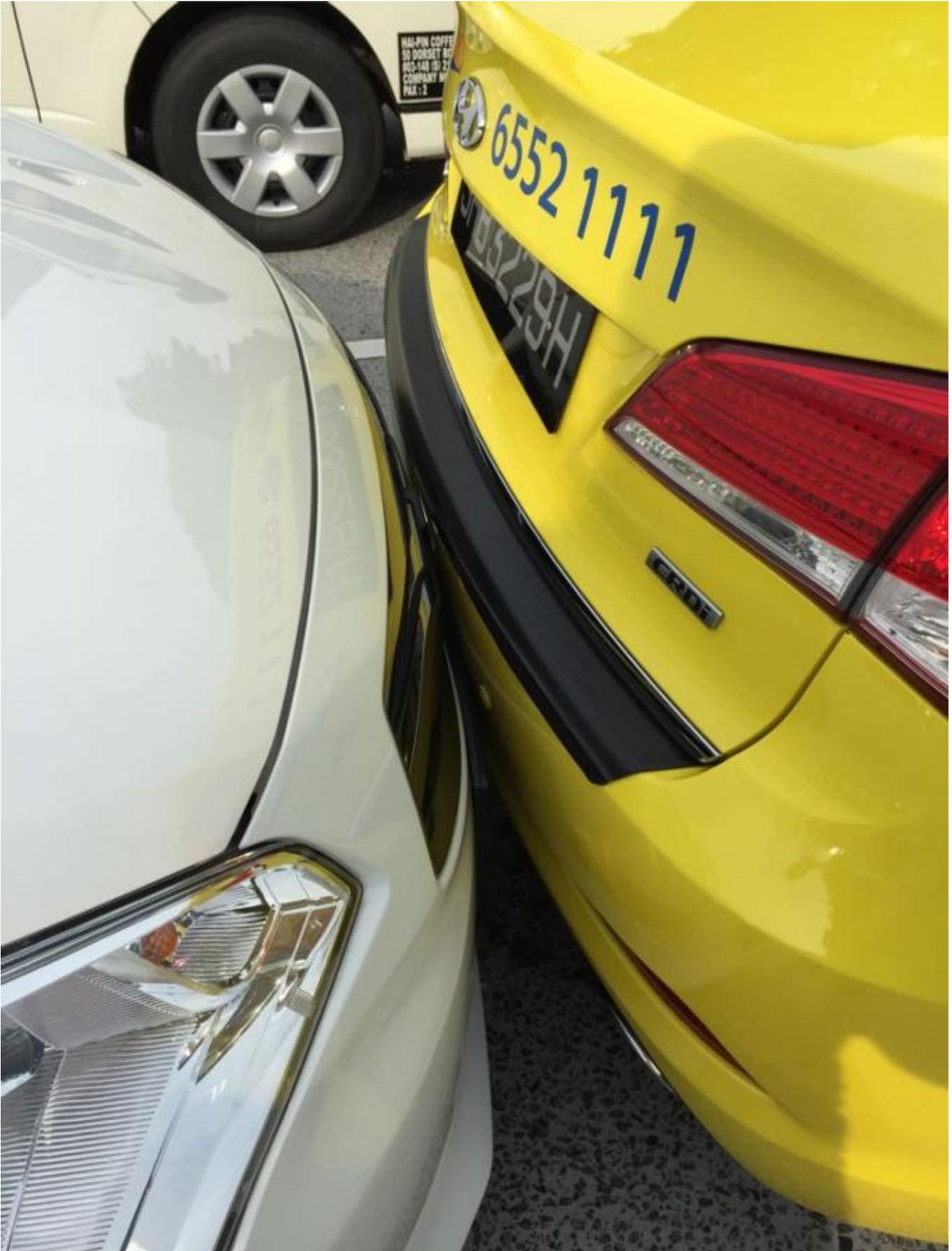
Policyholder's Signature
Date & Time:

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

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



Accident Photo



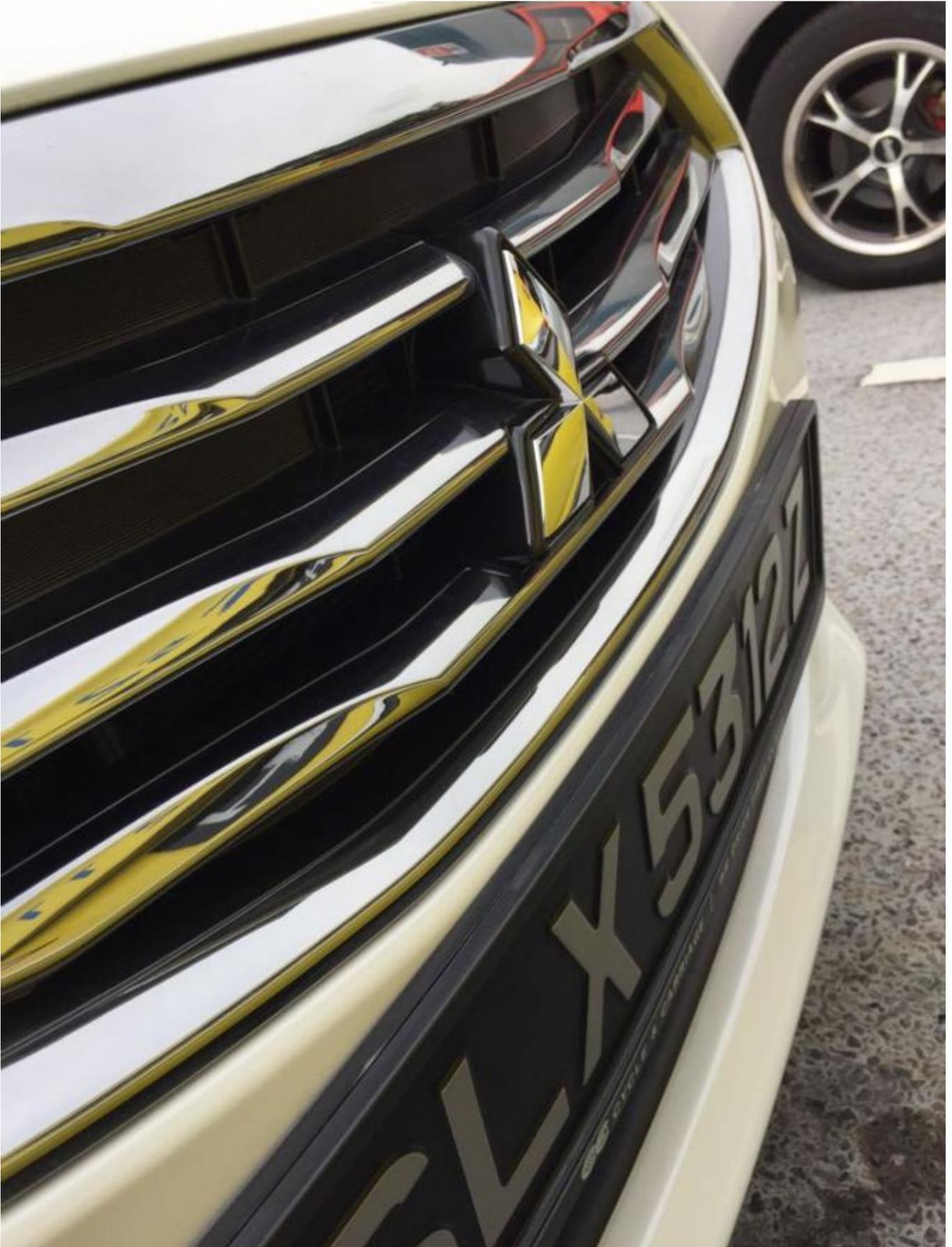
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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