

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	27/06/2018 13:31
Date Of Accident	26/06/2018 15:30
Exact Location Of Accident	UPPER THOMSON ROAD ESSO STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2120H
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Insured/Policyholder

Name Of Registered Owner	EME ENGINEERING ASIA PACIFIC PTE LTD
Co Reg No	200723773M
Email Address	MICHAEL.TANG@EME-ASIAPACIFIC.COM
Mobile Phone No	(LOCAL) +65-96322048
Alternative Phone No	Office-66847728

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO L2-1.6 D BLUEHDI S&S ETG6 (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	1800024527

Driver

Name of Driver	LOO WAH CHIEN
NRIC No	S2619282Z
Date Of Birth	15/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1987
Driving Experience	30 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97255986
Fax Number	
Contact Number	HOME-67592161
E-Mail Address	WC.LOO@EME-ASIAPACIFIC.COM
Address	BLK 299 YISHUN STREET 20 #11-39 SINGAPORE
Postcode	760299
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

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 I WAS REVERSING OUT FROM CARWASH BAY, I CHECKED REAR VIEW MIRROR DIDN'T HAVE ANY VEHICLE, SUDDENLY MY VEHICLE SHAKE AND REALIZED ACCIDENTALLY MY LHR PORTION COLLIDED TO VEHICLE B RHR PORTION.

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	SHB1052M
Vehicle Make/Model/Colour	TOYOTA PRIUS PURPLE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANDIN NUR SHA'BAN MARJUNI SAMAN
NRIC/Passport Number	S8118041E
Contact Number	90213690

Address

BLK 43 TEBAN GARDENS ROAD #03-394 SINGAPORE

Postcode

600043

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	27/6/18
Date of Accident:	26/6/18
Exact Location of Accident:	Upper Thomson Road Esso Station
Time:	1530.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	GBH 2120H
Name of Registered Owner:	EME Engineering Asia Pacific Pte.Ltd
NRIC/Passport No./FIN:	-
Company Reg. No.(for Company Veh):	200723773M
VEHICLE PARTICULARS	
Manufacturer:	CITCV
Model:	Berlingo
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 type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	1800024527. (cover note)
Driver when the Accident Happen	
Name of Driver:	Loo Wah Chien
NRIC/Passport/Fin No.:	S2619282Z
Date of Birth:	15/10/1961
Occupation:	Service Engineer
Date of Driving Pass:	05/12/1987
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	97255986
Home No.:	67592161
Address:	BLK 299 Yishun Street 20 #11-39 Singapore Postal Code 760299
Email Address:	wc.loo@eme-asiapacific.com
Was the Driver an Employee of the insured's Company:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State the relationship of the driver to insured
Vehicle Registration Number of driver's Own Vehicle:	-
Insurance Company:	-
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident:	Insured Hit Third Party while reversing
Weather Condition:	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others, please specify Drizzling
Road Surface	<input type="checkbox"/> Dry <input checked="" 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? :	No
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 1052M
Name of Registered Owner:	(SMART Taxi Toyota Avius)
NRIC/Passport No./FIN:	-
Company Reg. No.(for Company Veh):	-
Name of Driver:	Andin Nur Sha'ban Marjuni Saman
NRIC/Passport/Fin No.:	S8118041E
Mobile No.:	90213690
Home No.:	-
Address:	BLK 43 Teban Gardens Road #03-394 (S) Postal Code 600043
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.



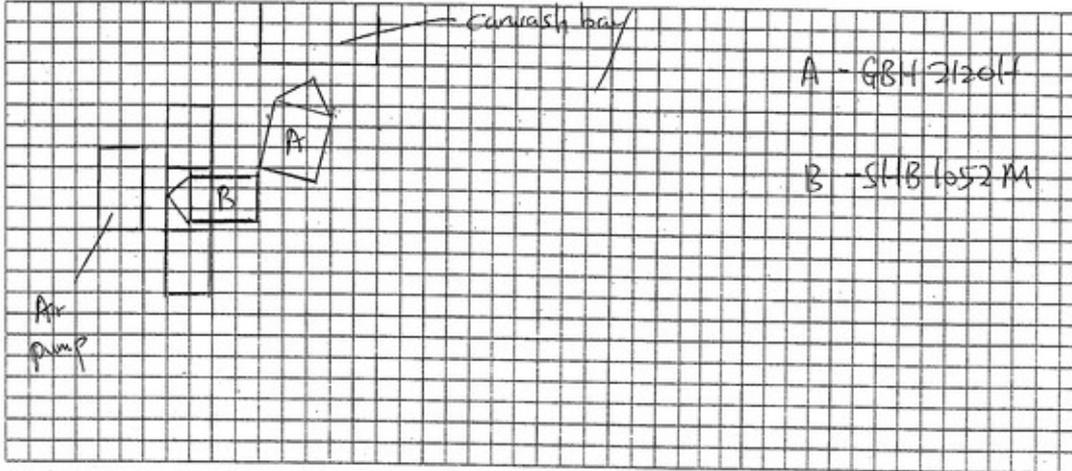
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/6/2018
1350



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was reversing out from car wash bay, I checked rear view mirror didn't have any vehicle, suddenly my vehicle shake and realized accidentally my LHR portion collided to vehicle B RHR portion.

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: 27/6/2018
1350

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

