

## 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	06/07/2018 13:48
Date Of Accident	03/07/2018 09:40
Exact Location Of Accident	TEMASEK AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ797P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW KONG HOE JEFFREY
NRIC No	S7730501G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96721188
Alternative Phone No	Office-96721188

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.4 (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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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### Insurance Company

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

### Driver

Name of Driver	RIDZUAN BIN ABDUL RAHMAN
NRIC No	S7323326G
Date Of Birth	30/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91433940

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	759 PASIR RIS ST 71 #02-190
Postcode	510759
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	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	
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**

PLEASE REFER AS ATTACHED

**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	SHD8867Y
Vehicle Make/Model/Colour	MERC
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OW CHIEN HAO
NRIC/Passport Number	S7516234J
Contact Number	91837468
Address	
Postcode	
Insurance Company Name	

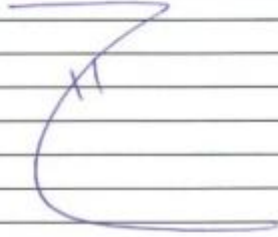
Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

## Describe Circumstances of the Accident

on 3<sup>rd</sup> July 2018 @ 0940 am, I Ridwan Rahman was driving SLJ 797P along Temasek Ave stop at the traffic light, when the light turn green and able to turn Right I did not have enough time to stop and had a frontal collision with a white mere taxi SHD 8867 Y,



## Declaration

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

3/7/2018 @ 1500 hrs

Witnessed by Reporting Centre Personnel

## Accident Sketch Plan




**SKETCH PLAN****IMPORTANT NOTICE**

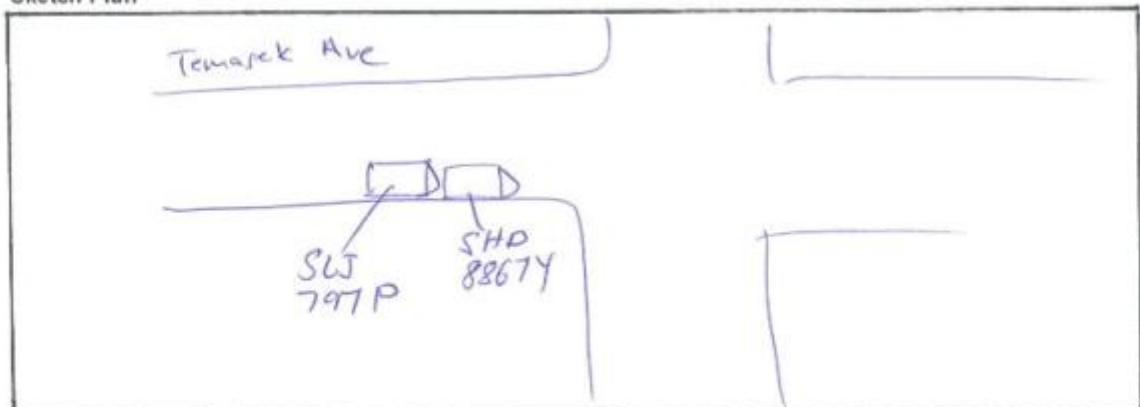
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**8. Consent under the Personal Data Protection Act (PDPA)**

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.

 Policyholder's Signature / Date & Time	 3/7/2018 @ 1500 hrs. Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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**Sketch Plan****Accident Sketch Plan**

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : RIDZUAN BIN ABDUL RAHMAN  
VEHICLE NUMBER : SLJ 797 P.  
DATE/TIME OF ACCIDENT : 3/7/2018 @ 0940 am.  
PLACE OF ACCIDENT : Temasek Ave.  
THIRD PARTY VEHICLE (IF ANY) :

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Ponggel to ~~MBS~~ Esplanade

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Frontal collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

Ridzuan.   
.....  
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building 78 Shenton Way #07-16 Singapore 079120  
Tel: 6419 3000

Authorisation Letter

**Siti Nabilah PTCBC**

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**From:** Chow Jeffrey <jeffreychowkh@gmail.com>  
**Sent:** Wednesday, 4 July 2018 9:50 AM  
**To:** Shashi PTCBC  
**Cc:** ridzuan.abdrahman@me.com  
**Subject:** Authorization for Claims - SLJ797P

Dear Shashi,

I would like to authorize Ridzuan Rahman, S7323326G to do claims for vehicle number SLJ797P on behalf of me.

Thank you.

Regards,  
Chow Jeffrey  
S7730501G





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**Accident Photo**



**Accident Photo**



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**





**Accident Photo**



**Accident Photo**

