

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	04/07/2018 16:26
Date Of Accident	03/07/2018 20:10
Exact Location Of Accident	UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1755G
Insured/Policyholder	
Name Of Registered Owner	BLUE STAR CONCIERGE PTE LTD
Co Reg No	201506692D
Email Address	VICTOR.ONG@BLUESTARCONCIERGE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	CAREN
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	

Cover Note Number

Driver

Name of Driver	ANG TOH GEK
NRIC No	S7500240H
Date Of Birth	03/01/1975
Occupation	INDOOR
Date Of Driving Pass	04/01/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88778117
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 810B CHOA CHU KANG AVE 7 #13-525
Postcode	682810
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER --
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	RAINING
Road Surface	WET

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

I WAS DRIVING ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS. I STOP THE CAR DUE TO RED TRAFFIC LIGHT. SUDDENLY, I FELT AN IMPACT FROM THE REAR AND CAUSES MY CAR TO MOVE AND HIT THE FRONT VEHICLE. THERE WERE 4 VEHICLES INVOLVED IN THE CHAIN ACCIDENT. I WAS THE SECOND VEHICLE IN THIS ACCIDENT. THE CAR D CONFESS THAT HE FELL ASLEEP AND COULD NOT BRAKE IN TIME THUS CAUSES TO HIT CAR C AND AS A RESULT, HIT MY CAR.

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	SJJ1687R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD9500A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YL6741X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE D
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

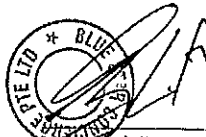
IMPORTANT NOTICE

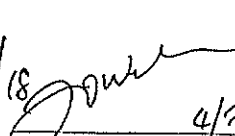
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8. Consent under the Personal Data Protection Act (PDPA)

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.

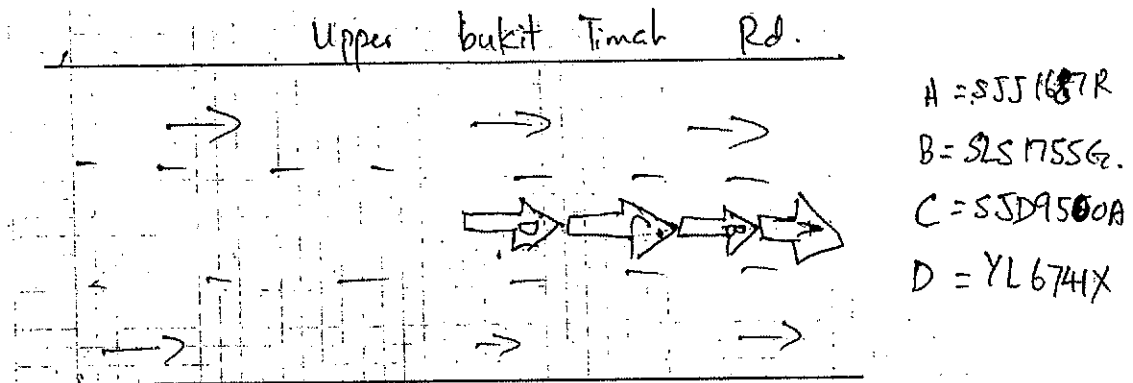

Policyholder's Signature
Date & Time:


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

I was driving along upper bukit timah Rd towards woodlands. I stop the car due to Red traffic light ~~change~~. Suddenly I felt impact from the R-rear and caused my car to move & hit the front vehicle. There was four vehicle involve in the chain accident. I was the 2nd vehicle. ~~Understand~~ In this accident the ~~front~~ car D confess that he fell asleep and could not brake in time caused to hit car C and as a result hit my car.

DECLARATION

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



[Signature] 4/7/18
 Policyholder's Signature
 Date & Time:

[Signature] 4/7/2018
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

4/7/18 f 2.30pm
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GORGE PTE LTD 18-7-2018



> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Jul 2018 / 10:56:52

Receipt Date/Time : 05 Jul 2018 / 10:56:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180705-000572

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJD9500A				
As at 03 Jul 2018/20:10:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJD9500A Enquiry Fee 20180705105540756442	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx0501	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.