SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/07/2018 12:47
Date Of Accident	21/07/2018 22:20
Exact Location Of Accident	ALONG PIE JUST BEFORE EXIT TO EUNOS EAST BOUND
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU4301P
Insured/Policyholder	
Name Of Registered Owner	THAM CHEE YUEN
NRIC No	S1415318G
Email Address	CYUENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96923835
Alternative Phone No	Others-96923835
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
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?	YES
If No, Please state action to be taken	
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	2100422249-02000
Cover Note Number	
Driver	
Name of Driver	THAM CHEE YUEN
NRIC No	S1415318G
Date Of Birth	06/12/1960

INDOOR

12/04/1980

38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96923835

Fax Number

Contact Number OTHERS-96923835
EMail Address CYUENT@GMAIL.COM

Address 32 TANAH MERAH KECHIL ROAD #06-16

Postcode 465559
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER

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 3
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : THAM KWONG

Gender: : Male

Passenger 2 Name: : KWAN CHOY KIEW

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ3815P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of DriverKEE TECK HONGNRIC/Passport Number\$2538120CContact Number90127463

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD6220B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver MOHAMAD SHUKOR BIN ISMAIL

NRIC/Passport Number S8536320D Contact Number 91156235

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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:
 - 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:

23/7/18

Driver's Signature

(If driver is not the policyholder)
Date & Time: 23/7/18

10:39

Reporting Centre Personnel's Signature

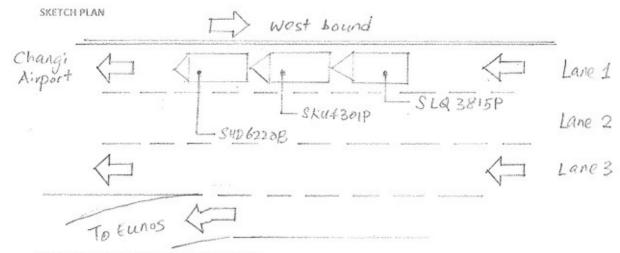
Name:

NEWSTEIN NOTION INDUSTRIAL PTE LTD

19 UBI ROAD 4

SINGAPORE 408623

TEL: 6490 9666 FAX: 6846 7483



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st July at about 10:20pm, I was driving	
along PIE on the right most came in the direction towards the Changi Airport. Somewhere ale	ng
the stretch before the exit to Euros, I	
noticed a car some 70 to 80 meters ahead has	
Stopped moving and I quickly stepped on the brake to slow down. I managed to stop my car in time just behind the car in front, while	2323
brake to slow down. I managed to stop my	
car in time just behind the car in front, while	1
is a SMRT taxi SHD 6220B (Toyota Prins).	
Just when I thought everything was safe and alm	igus
my car was suddenly hit at the back by another car	_
SLQ 3815P (Lexus 250) with Such a tremendous force	
which justed my car forward to hit the taxi in front.	
	_
	_
	_
	_

DECLARATION

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

Policyholder's Signature
Date & Time: 2-3/7/18
10:39am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 2-3/7/18
10-39 PM

Reporting Cotto Rendibli Signature LE LTD
Name: UBI ROAD 4
NRIC/NIENE: ORE 408623
TEL: 8490 9600 PAX. 6646 7483









