

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	16/08/2018 14:26
Date Of Accident	16/08/2018 11:10
Exact Location Of Accident	SLIP RD FROM CTE INTO ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6444E
Insured/Policyholder	
Name Of Registered Owner	TOH YEW KWANG (ZHUO YOUGUANG)
NRIC No	S8010252F
Email Address	INITIAL80@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96776161
Alternative Phone No	OTHERS-96776161

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100138763-09
Cover Note Number	

Driver

Name of Driver	TOH YEW KWANG (ZHUO YOUGUANG)
NRIC No	S8010252F
Date Of Birth	10/04/1980
Occupation	INDOOR
Date Of Driving Pass	09/12/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96776161
Fax Number	.
Contact Number	OTHERS-96776161
EEmail Address	INITIAL80@HOTMAIL.COM

Address	BLK 357 ADMIRALTY DRIVE #03-178
Postcode	750357
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	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?	
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 (Toh Yew Kwang, S8010252F) was driving my vehicle (SJQ 6444E), white Mitsubishi GLX sedan from CTE (towards AYE) onto slip road towards Ang Mo Kio Ave 3 on 16/8/2018 1110 hours. As I stopped on the slip road exit to look out for cars along Ang Mo Kio Ave 3, a Comfort Delgro taxi (SHC 8180A) blue Hyundai Sedan driven by Mr Ching Chang Chye (S6909260H) rear ended onto my vehicle. This accident happened before lamp post 113 along Ang Mo Kio Ave 3. Both mr Ching and I got off our vehicles and Mr Ching asked me to report the accident and I agreed. We took photos of both vehicles' damage status and exchanged particulars.

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	SHC8180A
Vehicle Make/Model/Colour	HYUNDAI/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHING CHANG CHYE
NRIC/Passport Number	S6909260H
Contact Number	81330546
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

160818 1353hr

GIA FMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

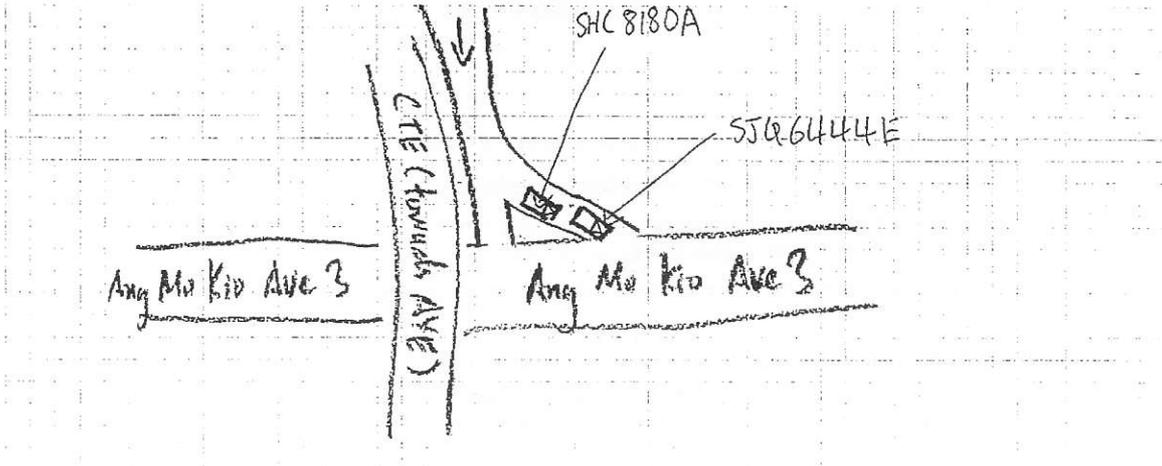
Name:

Deborah Lai

NRIC/FIN No.:

S7332811Z

SKETCH PLAN



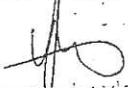
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Toh Yew Kwang, S8010252F) was driving my vehicle (SJQ 6444E, white Mitsubishi GLX sedan), exiting from CTE (towards AYE) onto slip road towards Ang Mo Kio Ave 3, on 16 August 2018, 1110 hrs. As I stopped on the slip road exit to look out for cars along Ang Mo Kio Ave 3, a Comfort Peloro taxi (SHC 8180A, Blue Hyundai Sedan) driven by Mr Chiny Chiny Chye (S6909260H) rear-ended onto my vehicle. This accident happened before lamp post 113 along Ang Mo Kio Ave 3.

Both Mr Chiny and I got off our vehicles and Mr Chiny asked me to report the accident and I agreed. We took photos of both vehicles' damage status and exchanged particulars.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 160818 1408 hrs.

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


 Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: S7332811Z