

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 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	19/12/2017 15:23
Date Of Accident	19/12/2017 06:45
Exact Location Of Accident	MCE TUNNEL WESTBOUND AFTER FORT RD/ECP ENTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9071C
Insured/Policyholder	
Name Of Registered Owner	NG SU CHAN
NRIC No	S8038315J
Email Address	SUCHAN.NG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97916365
Alternative Phone No	OTHERS-97916365

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	USUAL COMMUTE
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	2100468055
Cover Note Number	

Driver

Name of Driver	NG SU CHAN
NRIC No	S8038315J
Date Of Birth	16/12/1980
Occupation	INDOOR
Date Of Driving Pass	16/01/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97916365
Fax Number	
Contact Number	OTHERS-97916365
E Mail Address	SUCHAN.NG@GMAIL.COM

Address	17 ANCHORVALE CRESCENT #02-14
Postcode	544652
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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

REFER TO ATTACHMENT

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	YN7705J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHANG LIT JENG
NRIC/Passport Number	G7552898T
Contact Number	90593733
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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: 19/12/2017
1345h.

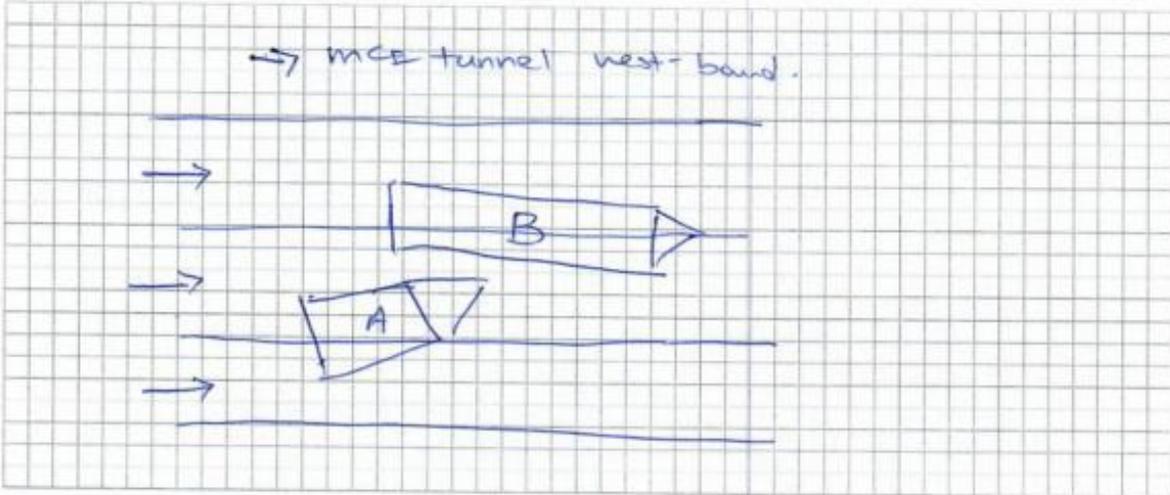
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from KPE to MCE and just passed the Fat Road/ECP entry. I signalled left and filtered into the open lane. The truck was on the lane to the left of the open lane and filtered right, but failed to ~~act~~ ensure that there was sufficient space for his entire truck to safely enter.

Even after I applied my brakes to allow him to enter, his ~~to~~ right rear of vehicle swiped my front right of vehicle, causing damage.

My vehicle number is JLC 9071 C, the truck involved in the accident is YN 7705 J, and belongs to Bee's Transport & Services Pte Ltd (Tel: 6546 4336).

A video of the accident is available from my car camera.

DECLARATION

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

Nigel

Policyholder's Signature

Date & Time: 19/12/2017

1345h.

GIARNIC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Andre

Reporting Centre Personnel's Signature

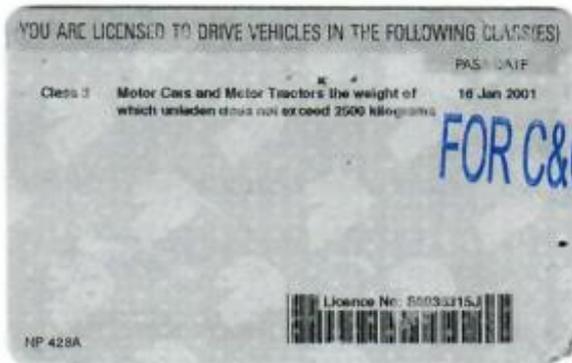
Name:

NRIC/FIN No.:

Sketch Plan #3



FOR C&C USE ONLY



FOR C&C USE ONLY



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

