

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	21/09/2018 10:17
Date Of Accident	20/09/2018 15:45
Exact Location Of Accident	RESEARCH LINK (OPP INNOVATION 4.0 BLDG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV186B
Insured/Policyholder	
Name Of Registered Owner	KOH POH HONG
NRIC No	S1779660G
Email Address	WENDYKOH@GAWA.COM
Mobile Phone No	(LOCAL) +65-96660018
Alternative Phone No	OTHERS-96660018

Vehicle Particulars

Manufacturer	AUDI
Model	A1 SB 1.0 TFSI S-TRO
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	2100426879-03
Cover Note Number	

Driver

Name of Driver	NARCISSA KOH SHAO WEN
NRIC No	S9637718E
Date Of Birth	04/10/1996
Occupation	INDOOR
Date Of Driving Pass	28/07/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97370028
Fax Number	
Contact Number	
Email Address	NARS_KOH@HOTMAIL.COM

Address	17F JALAN HOCK CHYE
Postcode	538200
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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

WHILE DRIVING ALONG RESEARCH LINK ON 20 SEPTEMBER 3:44 PM TO GET TO SCHOOL, THE CAR IN FRONT OF ME SIGNALLED TO TURN RIGHT. HENCE, I SLOWED TO A STOP TO WAIT FOR THE CAR TO MAKE A U-TURN. THIS WAS WHEN THE ACCIDENT OCCURRED. THE OTHER PARTY, SUDHIT BHASKAT SAMAN, OWNER OF SFB112T, BUMPED INTO THE REAR END OF MY VEHICLE WITH A SUDDEN, BIG IMPACT. SCREECHING OF TYRES COULD BE HEARD. MY CAR WENT FORWARD AND DUE TO THE SUDDEN IMPACT, I HIT MY BACK AGAINST THE CAR SEAT. THEREAFTER, THERE WAS INCREASED TENSION IN THE RIGHT OF THE SHOULDERS AND I VISITED THE A&E AT NATIONAL UNIVERSITY HOSPITAL FOR CONSULTATION AND TREATMENT. THE OTHER PARTY HAS ADMITTED TO HIS FAULT AND WILLINGNESS TO COMPENSATE VIA SMS AND I HAVE VIDEO CLIP EVIDENCE AVAILABLE.

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	SFB1122T
Vehicle Make/Model/Colour	NISSAN SULPHY / GOLD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUDHIR BHASKAR SOMAN
NRIC/Passport Number	S2633002E
Contact Number	91299962
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SHOULDER PAIN
SKV186B

NO

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.

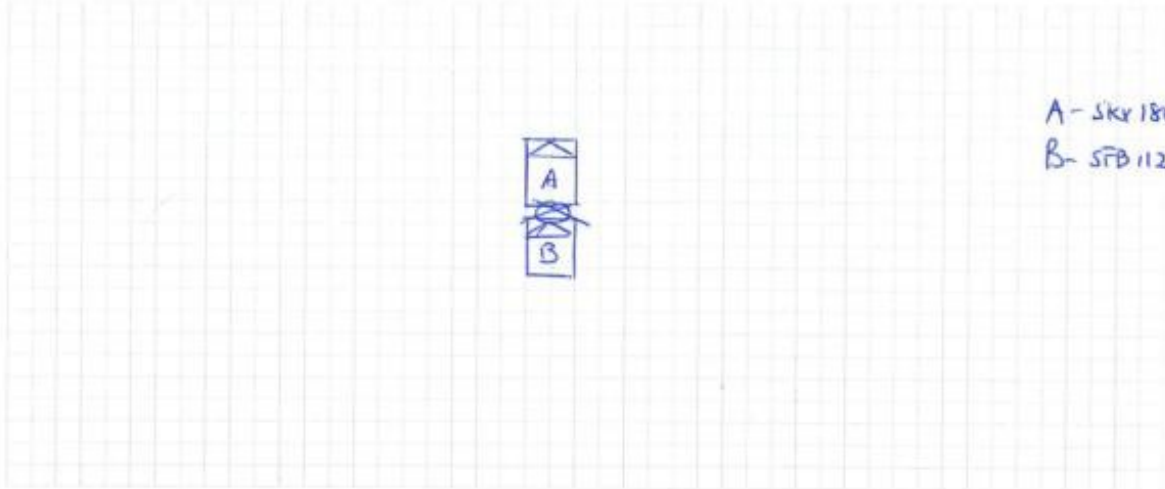

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: WONG ELEANOR SENIC, Glyn
NRIC/FIN No.: G2781432

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Research Link on 20 September 3:44 PM to get to school, the car in front of me signalled to turn right. Hence, I slowed to a stop to wait for the car to make a turn. This was when the accident occurred. The other party, Sudhir Bhaskar Soman, owner of SFB 1122T, bumped into the rear end of my vehicle with a sudden, big impact. Screaming of tyres could be heard. My car went forward and due to the sudden impact, I hit my back against the car seat. Thereafter, there was increased tension in the right of my shoulder and I visited the A&E at National University Hospital for consultation and treatment.

The other party has admitted to his fault and willingness to compensate via SMS and I have video clip evidence available.

DECLARATION

I/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: 21/9/18 8:30 AM

Reporting Centre Personnel's Signature

Name: Wong Khen Siang, George
NRIC/FIN No.: G2987143a



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

