

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	19/09/2018 10:07
Date Of Accident	18/09/2018 17:45
Exact Location Of Accident	IRRAWADY ROAD RD (OUTSIDE IBIS SINGAPORE NOVENA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3883H
Insured/Policyholder	
Name Of Registered Owner	CHAN DIONE YIPTONG
NRIC No	S8429138B
Email Address	PRINCESS.DIONE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84686935
Alternative Phone No	Office-84686935

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1700090839
Cover Note Number	

Driver

Name of Driver	CHAN DIONE YIPTONG
NRIC No	S8429138B
Date Of Birth	11/09/1984
Occupation	INDOOR
Date Of Driving Pass	28/11/2007
Driving Experience	10 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84686935
Fax Number	
Contact Number	OFFICE-84686935
E-Mail Address	PRINCESS.DIONE@GMAIL.COM
Address	8 EMPRESS RD #04-29
Postcode	260008
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
Number of vehicles involved in the accident	2
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

REFER ATTACH

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	SHD9806S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHAMMAD ISKANDAR BIN ISMAIL
NRIC/Passport Number	
Contact Number	88236487

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



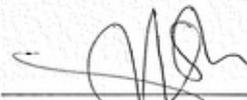
Policyholder's Signature

Date & Time: 19/09/18 1030am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

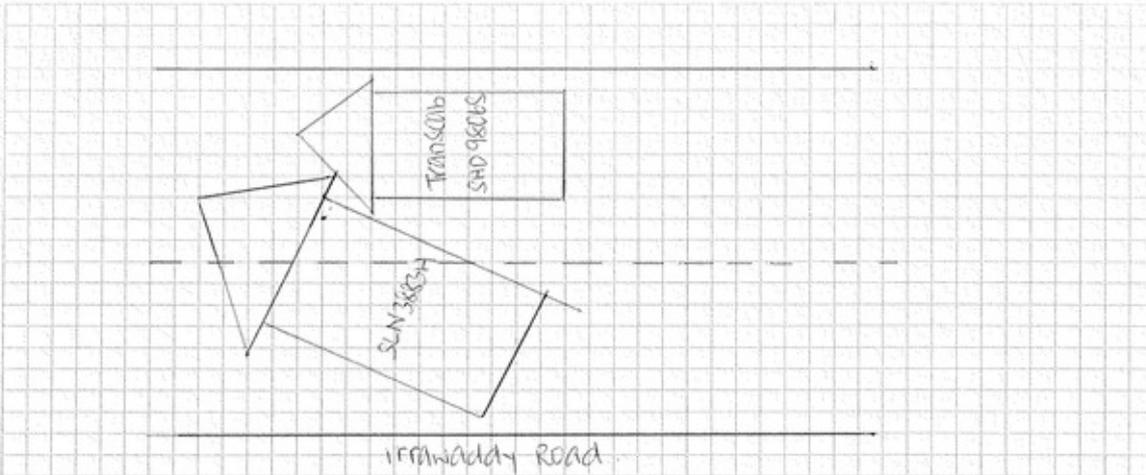


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

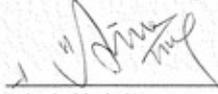


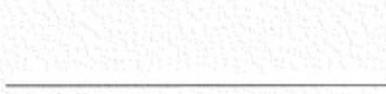
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date: 18 SEPTEMBER 2018	Accident Time: ~ 5:45pm	AM/PM <input checked="" type="radio"/> PM
Accident Location: Irrawaddy Road (outside Ibis Singapore Novena).		
- Details of circumstances -		
- An excursion bus stopped outside Ibis hotel to pick customers, blocking all cars in the lane. Cars start to filter out to the right lane.		
- I observed the road condition and was going slowly to be careful, ^(night signal) signaled intention		
- Noticed a good distance between grey Volkswagen and Transcab taxi, so I had my car head (1/3 car) into the lane.		
- Transcab failed to give way and came from behind and collided.		
- From front car video cam, can see that my car is already in the lane.		
- From Rear car video cam, can see trans cab taxi came from behind.		
- From rear car video cam, at about 17:26:36 time stamp, noticed transcab driver raises his left hand to fiddle/check his his dashboard console. This is about 20 secs prior to impact with me.		
- From car damage photos, can see the paint peeled off direction shows how the impact came about (ie. taxi came from behind and collided into me).		
- From an accident site photo, can show that my car is 1/3 into the right lane already.		
3rd party details below:-		
B) Veh No: SHD 9806S	Hp No: 8823 6487	Pax incl driver: Driver name: MUHAMMAD ISKANDAR BIN ISMAIL
C) Veh No:	Hp No:	Pax incl driver: Driver name:

DECLARATION

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


 Policyholder's Signature
 Date & Time: 19/09/18 10:30am


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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Incident Photo



Incident Photo



Incident Photo



Incident Photo



Accident Photo



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Accident Photo

