

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 liability.
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 15/10/2018 10:50
Date Of Accident 13/10/2018 19:10
Exact Location Of Accident JALAN BUKIT MERAH
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM8833Z
Insured/Policyholder
Name Of Registered Owner DIANA OW CHOY CHEE
NRIC No S1344527C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98182428
Alternative Phone No OTHERS-98182428

Vehicle Particulars

Manufacturer AUDI
Model A5 SB 2.0 TFS
Exact Purpose for which vehicle was being used at PRIVATE USE
time of accident
Are you claiming under your own insurance policy NO
for repair to your vehicle?
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 1800056429
Cover Note Number

Driver

Name of Driver TAN BOON LEE
NRIC No S1394938G
Date Of Birth 13/09/1959
Occupation INDOOR
Date Of Driving Pass 08/09/1989
Driving Experience 29 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-97398726
Fax Number
Contact Number
EMail Address BOONLEE_TAN@YAHOO.COM.SG

Address 136 HILLVIEW AVENUE
#05-09

Postcode 669598

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle -

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

Insurance Company 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 RAINING

Road Surface WET

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) 2

Passenger 1 NAME: : DIANA OW
GENDER: : FEMALE

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

ON 13/10/2018 TIME, 1908 HRS, I WAS TRAVELLING ALONG JALAN BUKIT MERAH ROAD. THE TRAFFIC WAS SLIGHTLY HEAVY. A FRONT VEHICLE STOP TO GIVE AWAY ANOTHER VEHICLE. I STOPPED MY VEHICLE (SJM8823Z), AT THE SAME TIME WITHIN SECONDS, I FELT AN IMPACT WITH A LOUD BANG AT MY REAR. INSPECTED MY CAR AND FOUND REAR DAMAGES ON BUMPER, SKIDDING AND EXHAUST PIPING SHIFTED. THE OTHER CAR THAT BANG TO MY REAR WAS AN NTUC COMFORT TAXI, (SHC2397G). DRIVEN BY CHUA BOCK HUNG. MR CHUA SUGGEST TO REPORT. AS HE SAID HE WAS UNABLE TO PAY FOR THE DAMAGES. NO ONE WAS INJURED DURING THE CAUSED OF THE ACCIDENT.

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 Witness 1

Name DIANA OW

Phone Number 98182428

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2397G

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver CHUA BOCK HUNG
NRIC/Passport Number S0213034C
Contact Number 96382557
Address BLK 112 JURONG EAST ST 13
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. 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:
 - (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: JAMES TAN
NRIC/FIN No.:



SKETCH PLAN



- SJM 8833 Z.
- SHC 2397 G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13 OCT 2018 TIME 1908 HRS. I WAS TRAVELLING ALONG JALAN BULIT MARAH ROAD. THE TRAFFIC WAS SLIGHTLY HEAVY. A FRONT VEHICLE STOP TO GIVE WAY ANOTHER VEHICLE. I STOPPED MY VEHICLE (SJM 8833 Z) AT THE SAME TIME. WITHIN SECONDS I FELT AN IMPACT WITH A LOUD BANG AT MY REAR. INSPECTED MY CAR AND FOUND REAR DAMAGES ON BUMPER, SKIDDING AND EXHAUST PIPING SHIFTED. THE OTHER CAR THAT HIT BANG TO MY REAR WAS AN NTUC COMFORT TAXI (SHC 2397 G) DRIVEN BY CHUA BOCK HUNG. MR. CHUA SUGGEST TO REPORT. AS HE SAID HE WAS UNABLE TO PAY FOR THIS DAMAGES. NO ONE WAS INJURED DURING THE CAUSE OF ACCIDENT.

DECLARATION

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

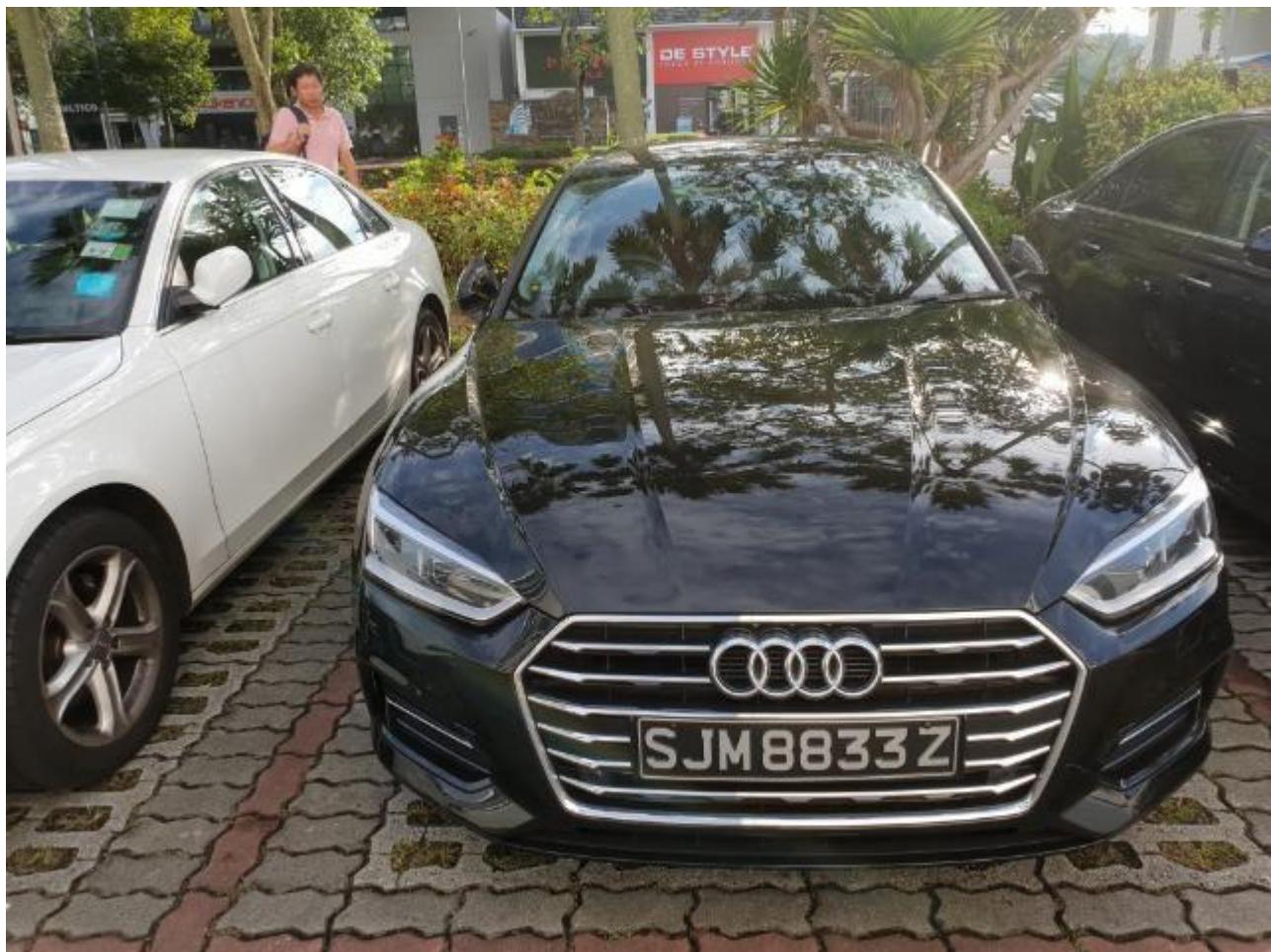
Policyholder's Signature
Date & Time:

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

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



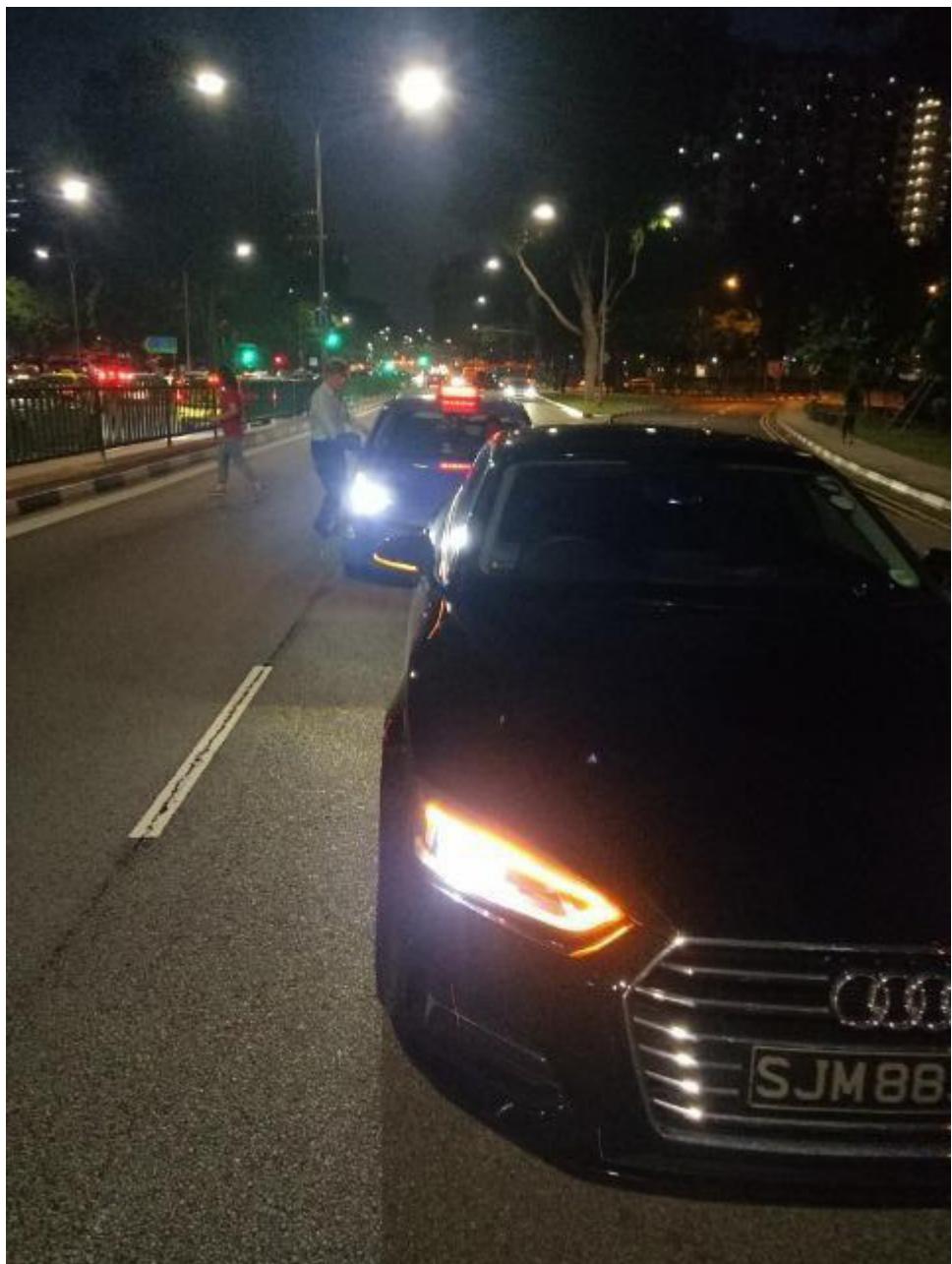
Accident Photo



Accident Photo



ACCIDENT SCENE PHOTOS



ACCIDENT SCENE PHOTOS



ACCIDENT SCENE PHOTOS



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 118133411 Vehicle Registration No: SJM 8833 Z
Name(as shown in NRIC) : Diana Ow Choy Chee NRIC/FIN/Passport No : S1344527 C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 186 Hillview Avenue #05-09 Singapore(669598)
Contact (Tel) : _____ Mobile No.: 98182428
Email Address : Diana.ow@premiumauto.com.sg
Date of Accident : 18/10/2018 Time of Accident : 14:10
Place of Accident : Jalan Buloh Merah
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend from claiming own policy to third party claim.

Policyholder / Driver's Signature
Date: 18/10/18

Reporting Centre Personnel's Signature
Name: Tan Eng Sui
NRIC/FIN No.: C5331900P
Date: 18/10/2018