

## 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	14/11/2018 14:23
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	PIE TOWARDS CHANGIBefore exit to JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8673S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRIPLE P GO GO GO
Co Reg No	53337966X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66854109

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4 PICASSO-1.6 BLUEHDI EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	2100473671
Cover Note Number	

### Driver

Name of Driver	YEE WOON KANG
NRIC No	S7975610E
Date Of Birth	16/01/1979
Occupation	INDOOR
Date Of Driving Pass	14/10/2002
Driving Experience	16 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-92716376
Fax Number	
Contact Number	
EMail Address	WYEE1979@HOTMAIL.COM
Address	BLK 172 ANG MO KIO AVENUE 4 #08-563
Postcode	560172
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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 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	SJR4072C
Vehicle Make/Model/Colour	TOYOTA ALTIS/SILVER
Details Of Properties	DAMAGE AT FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HONG BIN
NRIC/Passport Number	S9310722E
Contact Number	96735514

Address  
Postcode

Insurance Company Name

### Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJT4021P

Vehicle Make/Model/Colour

## Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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: 14/11/18  
12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/11/18  
12:30 pm

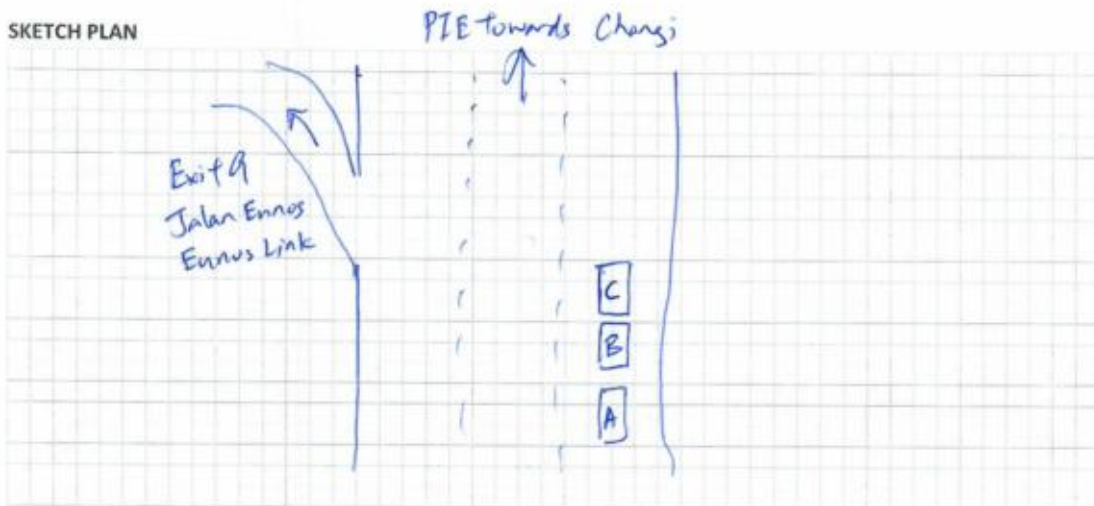
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

00000000000000000000 V1

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was drizzling and I was driving to work as usual using PTE towards Changi. When I was approaching exit 9 (I was travelling in lane 1), I saw the car in front of me (about 60-80m away) applied jam brake. To avoid collision, I slowed down and ~~press~~ stepped on brake pedal fully. Unfortunately, due to slippery road surface, my car didn't stop completely. My car (A) collided very lightly into the front's car (B). There is no visual damage on my car and the rear of car B.

Before my car ~~was~~ came into contact with car B, car B already ~~collided~~ collided into Car C. Damages were observed at the front part of car B and rear of Car C. These damages were ~~not due to my~~ due to car B collided into Car C.

## DECLARATION

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



Policyholder's Signature

Date & Time: 14/11/18  
12:30pm

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/11/18  
12:30pm

*[Signature]*

Reporting Centre Personnel's Signature

Name:

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 Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





# Identification Card

