

## 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	26/11/2018 16:51
Date Of Accident	26/11/2018 08:20
Exact Location Of Accident	UNDERNEATH TOH GUAN FLYOVER PIE HIGHWAY EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7943E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DZULHAIRI BIN SUHOD
NRIC No	S8710064B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91543011
Alternative Phone No	Office-91543011

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTE TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1700088522
Cover Note Number	

### Driver

Name of Driver	SUHOD BIN MOHAMAD
NRIC No	S1125324E
Date Of Birth	27/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1978
Driving Experience	39 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91543011
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 340 JURONG EAST AVENUE 1 #08-1672 SINGAPORE
Postcode	600340
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	SLQ5983Z
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	BACK BUMPER DENTED
Vehicle Category	PRIVATE CAR
Name of Driver	KWOK WENG YEW CHRISTOPHER
NRIC/Passport Number	S1404590B
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJA4199K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver PANG WEI SIONG  
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:

26/11 15:40

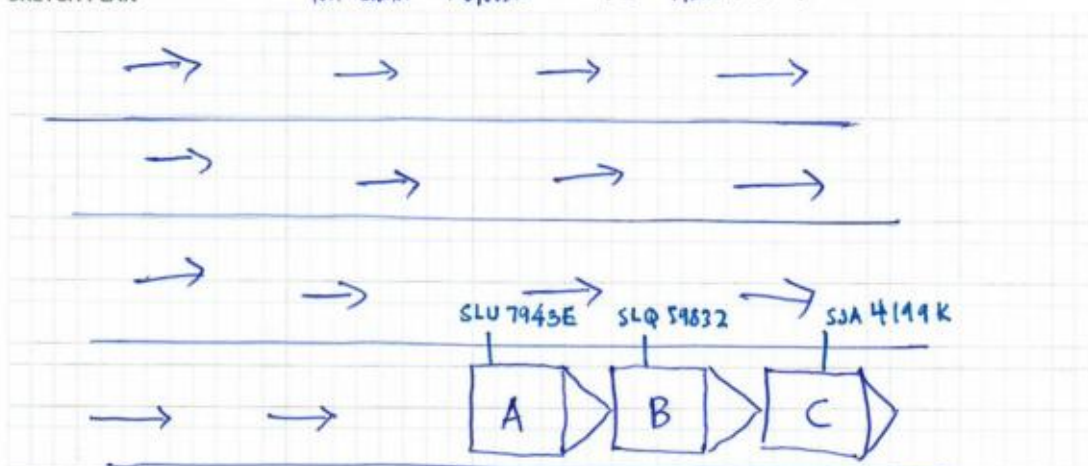
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26/11 15:40

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

SKETCH PLAN

TOH GUAN FLYOVER → PIE HEADING TO CHANGI AIRPORT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- TRAVELING ON 70-80 km/h ON FIRST LANE
- TRIED TO BRAKE ONE CAR LENGTH AWAY BUT IT STILL DIDN'T STOP COMPLETELY
- HIT THE FIRST CAR (B), WHICH IN TURN HIT SECOND CAR (C).
- ROAD CONDITIONS WERE VERY WET, AND IT WAS RAINING.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

20/4 15:40

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

24/18

№: 40

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



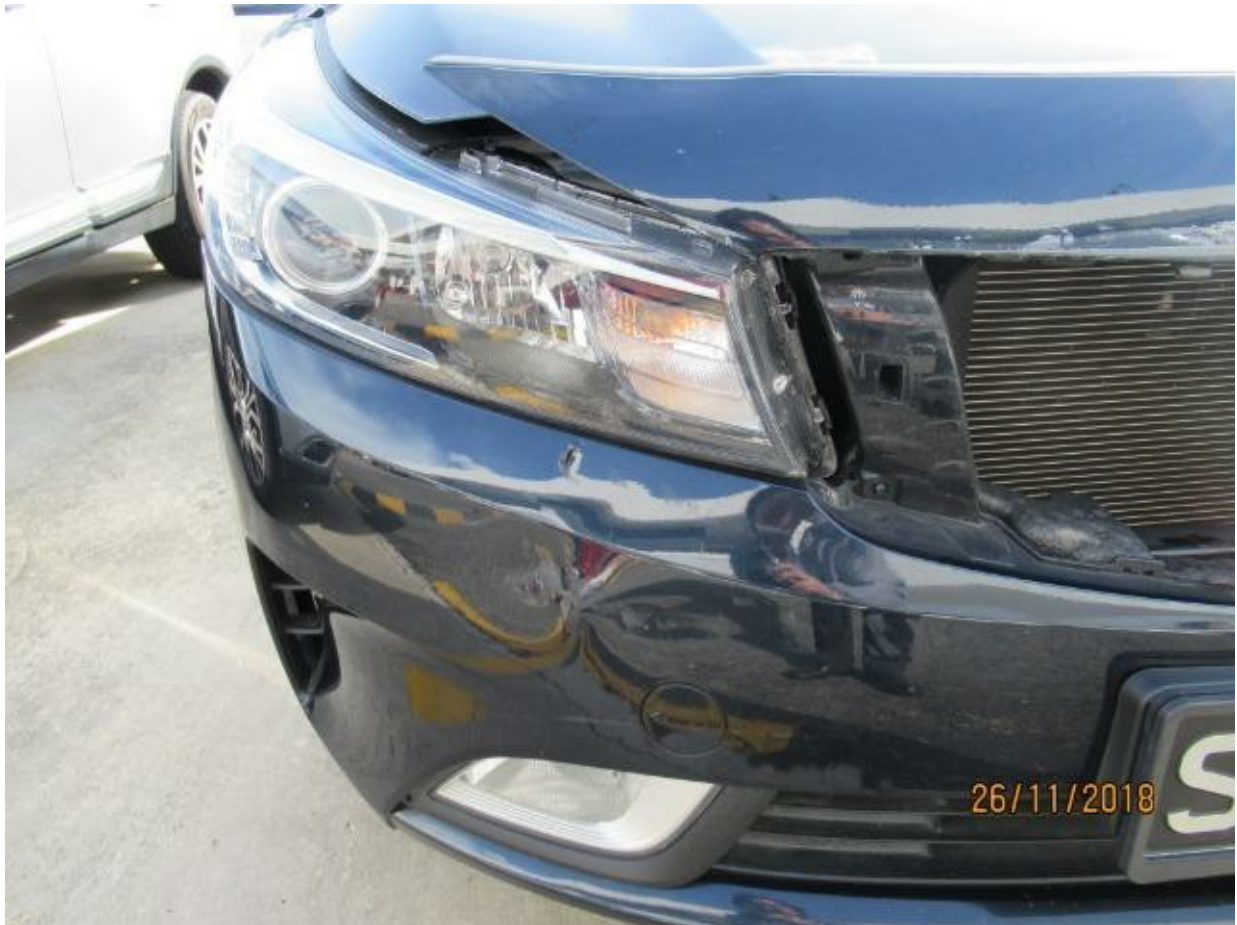


Accident Photo





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