

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	17/12/2018 10:00
Date Of Accident	15/12/2018 16:00
Exact Location Of Accident	NORTH BOUND CTE BEFORE JLN BAHAGIA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5206X
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE INSTITUTE OF INTERNATIONAL AFFAIRS
Co Reg No	S62SSS0073L
Email Address	FNANCE@SIIAONLINE.ORG
Mobile Phone No	(LOCAL) +65-97802187
Alternative Phone No	OFFICE-67349600

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY HYBRID
Exact Purpose for which vehicle was being used at time of accident	COMPANY 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	2100257414-07
Cover Note Number	

Driver

Name of Driver	SIOW JIN HUA
NRIC No	S1470393D
Date Of Birth	02/05/1961
Occupation	INDOOR
Date Of Driving Pass	18/03/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	+65-97802187
Fax Number	
Contact Number	
Email Address	FINANCE@SIIAONLINE.ORG

Address	72 THOMSON RIDGE
Postcode	574654
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - ORGANISATION CHAIRMAN'S WIFE
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	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?	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)	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

I was travelling on 15/12/2018 north bound in SJX 5206X along the CTE in the right most lane. The car ahead (SLH 7682B) of me braked suddenly because the car ahead of it braked suddenly. I and the cars ahead of me managed to brake in time but the taxi behind me SHB 2993R couldn't and hit me in the back. This caused my car to move forward to hit the car ahead of me. There were no damages to the car ahead of me although my number plate was dented. My rear bumper cracked and was displaced and the boot was lifted although it remained closed (it has trouble closing now). The taxi's front was also badly dented.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2993R
Vehicle Make/Model/Colour	TAXI / YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH7682B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97699474
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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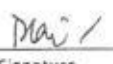
8. Consent under the Personal Data Protection Act (PDPA)

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.

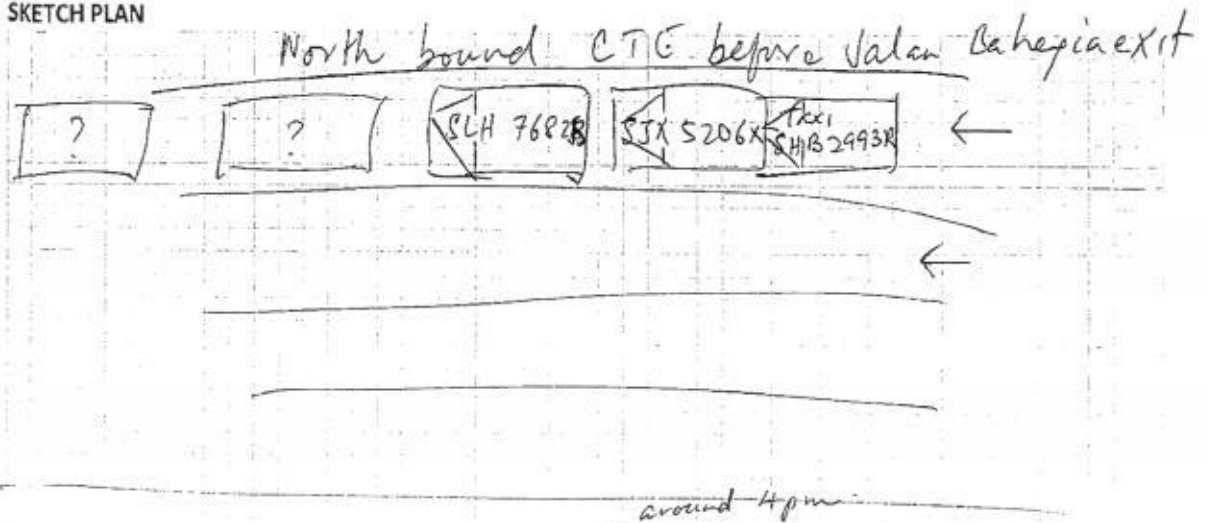

 Policyholder's Signature
 Date & Time:
 17/12/18 10am


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:
 17/12/18 10am


 Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: S73328112

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

around 4pm
on 15 Dec 2018 in SJX 5206 X

I was travelling northbound along the CTE in the rightmost lane. The car ahead of me, SLH 7682B, braked suddenly because the car ahead of it braked suddenly.

I and the cars ahead of me managed to brake in time but the taxi behind me, SHB 2993R, couldn't and hit me in the back. This caused my car to move forward to hit the car ahead of me.

There was no damage to the car ahead of me although my number plate was dented and was displaced.

My rear bumper cracked, and the boot was lifted although it remained closed (it has trouble closing now). The taxi's front was also badly dented.

DECLARATION

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

 ↔ Company (SIIA)

Policyholder's Signature

Date & Time:


17 DEC 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17 DEC 2018

 Reporting Centre Personnel's Signature

Name:

Deborah Lai

NRIC/FIN No.:

S73328112

STANDARD FORM NO. 100-101