

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	20/12/2018 11:41
Date Of Accident	19/12/2018 18:30
Exact Location Of Accident	SERANGOON CENTRAL TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9142K
Insured/Policyholder	
Name Of Registered Owner	NG GEOK CHOON
NRIC No	S0113445J
Email Address	KARENNG96962692@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962692
Alternative Phone No	Office-96962692

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800053964
Cover Note Number	

Driver

Name of Driver	NG GEOK CHOON
NRIC No	S0113445J
Date Of Birth	09/02/1954
Occupation	INDOOR
Date Of Driving Pass	18/03/1972
Driving Experience	46 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96962692
Fax Number	
Contact Number	OFFICE-96962692
E-Mail Address	KARENNG96962692@GMAIL.COM
Address	BLK 299 PUNGGOL CENTRAL #15-455 SINGAPORE
Postcode	820299
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	Name: : YI RUI FANG 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

YESTERDAY AROUND 6.30PM, I AM DRIVING ALONG THE SERANGOON CENTRAL WITH MY FRIEND YI RUI FANG, BACK HOME TO YIO CHU KANG ROAD, WHEN REACH NEX IN FRONT OF THE TRAFFIC LIGHT, I STOP MY CAR BEHIND SFW5221D. IT RED LIGHT AND DRIZZLY DAY SUDDENLY THE BACK TAXI SH9586A HAD TRY TO SLOW DOWN AND STOP BEHIND BUT DID NOT AND HIT INTO MY CAR BACK AND CAUSING MY CAR MOVING FORWARD TO THE FRONT CAR AND HIT TO THE SFW5221D.

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	SH9586A
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	WOO JYH SHIUN
NRIC/Passport Number	S1602003F
Contact Number	90033881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFW5221D
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO YIN HING MONICA
NRIC/Passport Number	S1489497G
Contact Number	98390861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



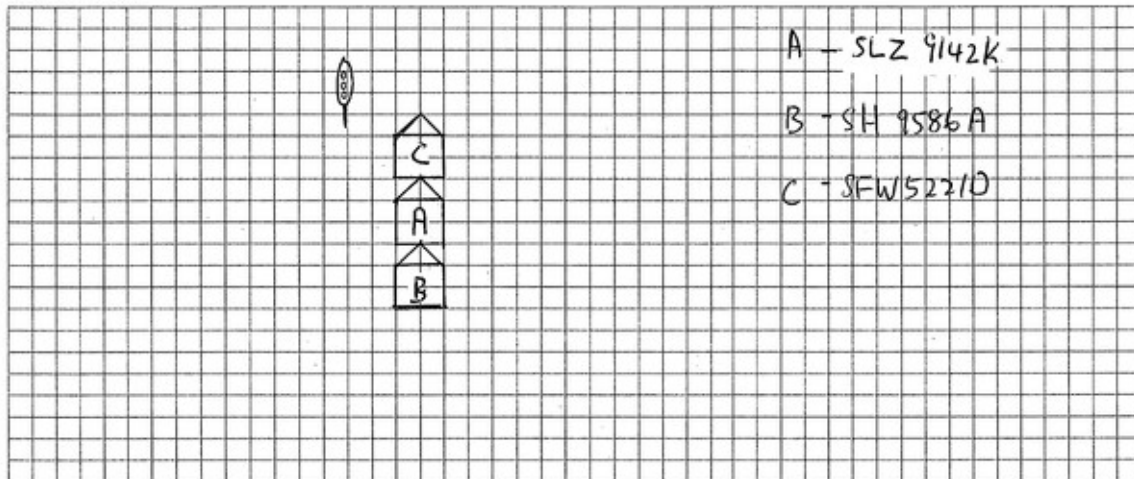
MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION		
Date of Report:	20/12/2018	Time:
Date of Accident:	19/12/2018	Time: 1830.
Exact Location of Accident:	Serangoon central traffic junction.	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number:	SLZ 9142K.	Name of Registered Owner: Ng Geok Choon.
NRIC/Passport No./FIN:	S0113445J	Company Reg. No.(for Company Veh):
VEHICLE PARTICULARS		
Manufacturer:	MIT	Model: Atrage.
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others	
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party	
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire	
INSURANCE DETAILS		
Name of Insurance:	AIG	
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	
Policy Number:	18000 53964	
Driver when the Accident Happen		
Name of Driver:	Ng Geok Choon.	NRIC/Passport/Fin No: S0113445J.
Date of Birth:	09/02/1954.	Occupation: Housing Agent
Date of Driving Pass:	18/03/1972.	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	96962692.	Home No.:
Address:	Blk 299 Punggol Central #15-455 Singapore Postal Code 820299.	
Email Address:	karenng96962692@gmail.com	
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured owner	
Vehicle Registration Number of driver's Own Vehicle:	-	
Insurance Company:	-	
OTHER INFORMATION OF THE ACCIDENT		
Type of Accident:	Chain collision.	
Weather Condition:	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others, please specify	
Road Surface	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others, please specify	
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which Police Station:	-	
Was notice of Intended Prosecution given:	-	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)		
Vehicle Registration Number:	SH 9586A	Name of Registered Owner: HUNDAI BLUE
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):
Name of Driver:	Woo Jyh Shiun	NRIC/Passport/Fin No: S1662003F
Mobile No.:	90033881	Home No.:
Address:	Postal Code	
Email Address:		
Insurance Company:		
Details of Passenger if any		
Passenger Name:		
Contact Number:		
Gender		
Details of Injured Person		
Name:	Age:	
Address		
Injured Sustained:	Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MOTOR ACCIDENT REPORT FORM

DETAILS OF OTHER VEHICLE PROPERTY 2			
Vehicle Registration No: SEW 5221D.		Vehicle Make / Model: Audi A3	
Name of Driver: Choo Yin Hing Monica	NRIC/Passport/Fin No: S1489497G.		
Contact Number: 98390861			
Address: 			
Insurance Company Name: 			
DETAILS OF OTHER PROPERTY 3			
Vehicle Registration No:		Vehicle Make / Model:	
Name of Driver:	NRIC/Passport/Fin No:		
Contact Number:			
Address: 			
Insurance Company Name: 			
DETAILS OF OTHER PROPERTY 4			
Vehicle Registration No:		Vehicle Make / Model:	
Name of Driver:	NRIC/Passport/Fin No:		
Contact Number:			
Address: 			
Insurance Company Name: 			
DETAILS OF OTHER PROPERTY 5			
Vehicle Registration No:		Vehicle Make / Model:	
Name of Driver:	NRIC/Passport/Fin No:		
Contact Number:			
Address: 			
Insurance Company Name: 			
Details of Witness if any			
Witness Name:			
Contact Number:			
Email Address:			
Details of Injured Person			
Name:		Age:	
Address: 			
Injured Sustained:		Injured Person in which vehicle:	
Were Seatbelts worn: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were Injured Convey to Hospital by Ambulance: <input type="checkbox"/> Yes <input type="checkbox"/> No			

SKETCH PLAN

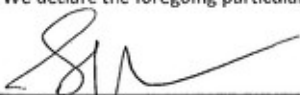


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday around 6.30 pm I am driving along the Serangoon Central with my friend P 330 3 (A) back home to Y6 Chu Kang Rd. when reach Nex infon the traffic light. I stop my car behind SFW 5221D. It Red light and drizzling day suddenly the back Taxi SH 9586A had try to slow down & stop behind but did not and hit into my car back and causing my car moving forward to the front car and hit to the SFW 5221D.

DECLARATION

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



Policyholder's Signature

Date & Time:

20/10/18 at 1017 hrs

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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:

20/12/18 at 10:17 hrs

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

