

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	26/12/2018 19:32
Date Of Accident	22/12/2018 16:20
Exact Location Of Accident	DEVONSHIRE ROAD TOWARDS ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU739L
Insured/Policyholder	
Name Of Registered Owner	TAN BEE CHUAN
NRIC No	S1709327D
Email Address	HUMBLEBEE297@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82825775
Alternative Phone No	OTHERS-82825775

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8T FSI MU 8K203
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	2100420030-03
Cover Note Number	

Driver

Name of Driver	CHAN KOK HEE
NRIC No	S1544737J
Date Of Birth	12/11/1962
Occupation	INDOOR
Date Of Driving Pass	02/03/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82225840
Fax Number	
Contact Number	
Email Address	IBIS297@YAHOO.COM.SG

Address	BLK 297 BEDOK SOUTH AVE 3 #07-02
Postcode	469297
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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: : KO JEARN HUEI GENDER: : MALE

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

MY CAR STOPPED AT REDLIGHT OF THE JUNCTION AT DEVONSHIRE ROAD, IN THE RIGHT LANE, TOWARDS ORCHARD BOULEVARD. AT 1610 HR, I FELT A SUDDEN IMPACT FROM THE REAR OF MY VEHICLE. ME AND MY PASSENGER CUM FRIEND, KO JEARN HUEI, ALIGHTED THE VEHICLE AND SAW THAT A MERCEDES TAXI HAD COLLIDED WITH MY CAR'S REAR. IN THE IMMEDIATE AFTERMATH OF THE REAR COLLISION, MY NECK WAS INJURED, AND HAS CONSTANT THROBBING PAIN AS WELL AS NUMBNESS IN MY HANDS AND LEGS EVER SINCE.

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	SHD8819L
Vehicle Make/Model/Colour	MERCEDES / WHITE / TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	QUEK YONGRUO
NRIC/Passport Number	S8128694I
Contact Number	96545067
Address	410C FERNVALE ROAD #08-90

Postcode

793410

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

NECK SPRAIN, CONSTANT NUMBNESS PAIN AT HANDS & LEGS

Injured person in which vehicle?

SHD8819L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

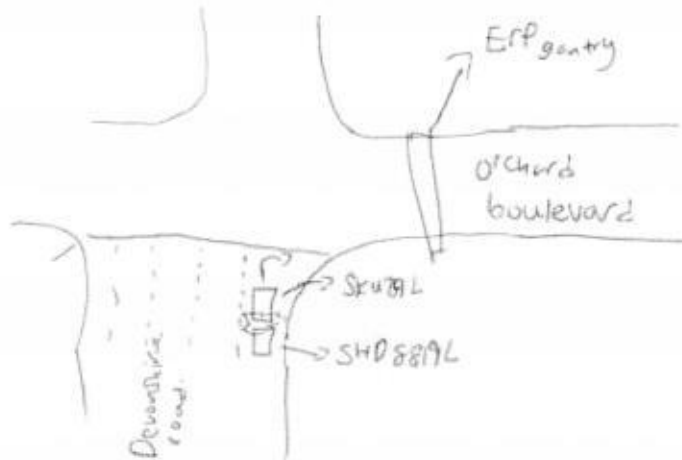

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car stopped at redlight of the junction at Devonshire road, in the right lane, heading towards Orchard boulevard.
 At 1610H, I felt a sudden impact from the rear of my vehicle. Me and my passenger who friend, Ka Jean Hui, aligned the vehicle and saw that a Mercedes taxi had collided with my car's rear.

In the immediate aftermath of the rear collision, my neck is injured, and have constant throbbing pain as well as numbness in my hands and legs, ever since.

DECLARATION

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

P. Zeng

Policyholder's Signature
 Date & Time:

Chen

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

[Signature]



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