

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	29/12/2018 08:28
Date Of Accident	28/12/2018 21:45
Exact Location Of Accident	JUNCTION OF WDLAND AVE 5 & AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3257T
Insured/Policyholder	
Name Of Registered Owner	SWEE LI LI ELAINE (SUN LILI)
NRIC No	S6903342C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97973661
Alternative Phone No	OFFICE-84840342

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	1800013303
Cover Note Number	

Driver

Name of Driver	KOH BOON KIAT SEBASTIAN
NRIC No	S9639147A
Date Of Birth	30/10/1996
Occupation	INDOOR
Date Of Driving Pass	28/10/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96492457
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	861 WOODLANDS ST 83 #08-174
Postcode	730861
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRY

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?	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 ATTACH

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	SKU8396P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KALAI
NRIC/Passport Number	
Contact Number	96642871
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN
GENDER: :

SKETCH PLAN

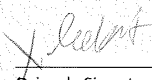
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

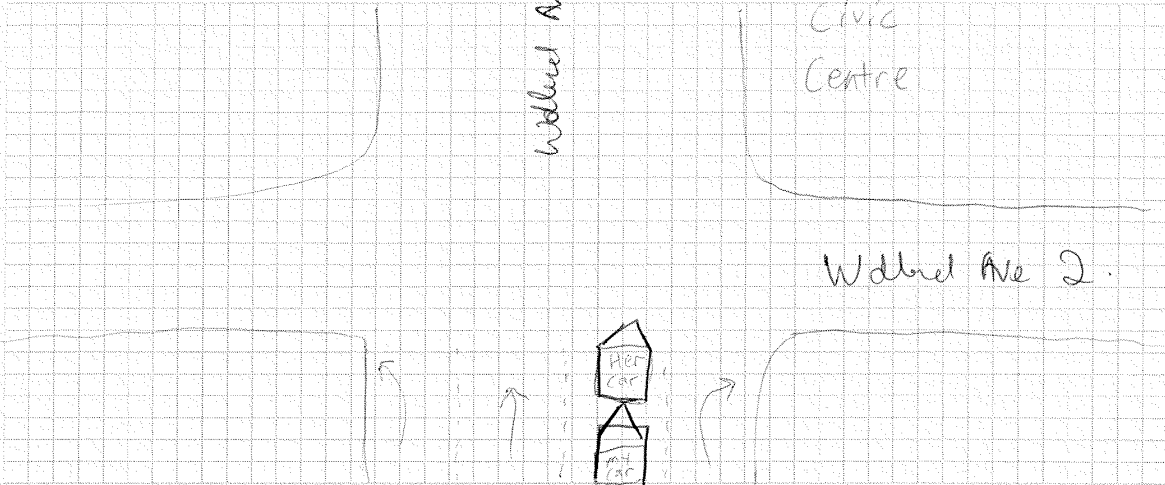
X 
 Policyholder's Signature
 Date & Time: 29/12/18
 8.45am

X 
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/12/18
 8.45am


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle No: SLW 3257T

Accident Date: <u>28/12/18</u>	Accident Time: <u>21:45</u>	AM / <u>PM</u>
Accident Location: <u>Tjunction Woodlands Ave 5 & Ave 2.</u>		
- Details of circumstances -		
Upon reaching the junction of Woodlands Ave 5 & Ave 2 towards Civic Centre, I stopped my car quite a distance away from the car in front, as the traffic light was red. Suddenly, the car in front engaged in reverse gear even though it had been stationary for quite a long time. I thought they might have been just going through the gears until they started reversing. I was hoping they saw my car and would stop and being shocked, I just kept my foot on the brake without doing anything else. Subsequently, they just reversed all the way and at speed towards my car, and only stopped after they collided my car's bumper and a loud 'bang' was heard. All this time, I was too shocked to do anything and was also hoping they could have at least seen my car. Upon inspection of my car after that, I found the left side of my front bumper became dislodged, along with the 'V-motion grille, on the left side as well. My number plate also bent in the middle, and a part of the bumper behind the plate gave way. There were a few scratches and dents here and there as well.		
Other party details below:-		
B) Veh No: <u>SKU8396P</u>	Hp No: <u>96642871</u>	Pax incl driver: <u>2</u> Driver name: <u>Kalai</u>
C) Veh No:	Hp No:	Pax incl driver: Driver name:

DECLARATION

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

Policyholder's Signature

Date & Time: 29/12/18
8.30am

STANDARD SIGNATURE

Driver's Signature

(If driver is not the policyholder)
Date & Time: 29/12/18
8.30am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

