

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	17/01/2019 09:15
Date Of Accident	16/01/2019 11:55
Exact Location Of Accident	OPEN CARPARK @ PREMISES OF WOODLANDS 11 BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2778C
Insured/Policyholder	
Name Of Registered Owner	WOODLANDS 11 CAR RENTAL
Co Reg No	53227415J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994501
Cover Note Number	

Driver

Name of Driver	DENNIS NG KAI FENG
NRIC No	S9812197H
Date Of Birth	31/03/1998
Occupation	INDOOR
Date Of Driving Pass	19/04/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92392114
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 624A WOODLANDS DR 52 #04-09
Postcode	731624
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBA8862Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DENNIS NG KAI FENG
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJT2778C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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3. 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 (c) 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.

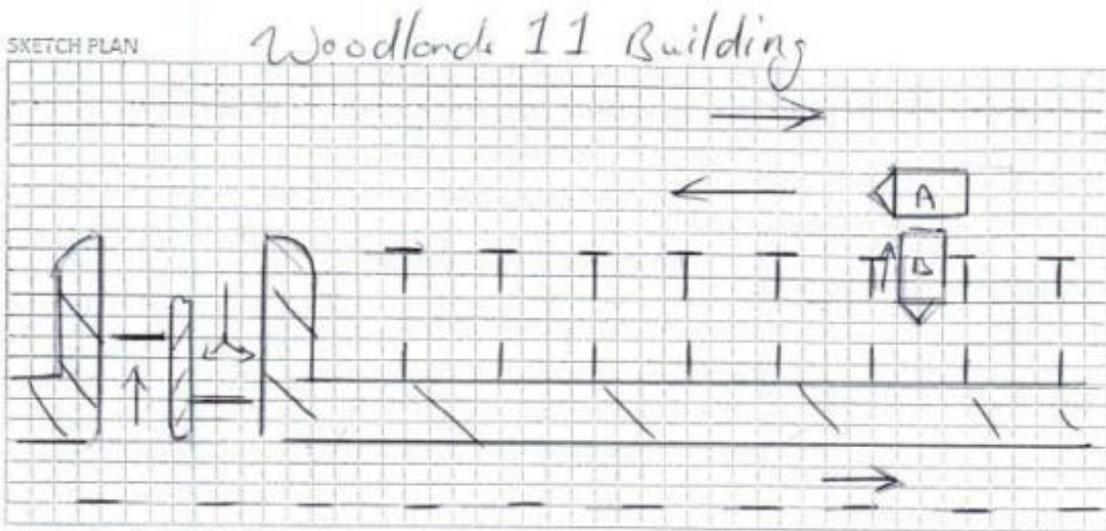


Policyholder's Signature
Date & Time:

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

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

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/01/2019 at about 1155 hrs at Open Car Park of Woodlands 11 Building, No 11 Woodlands close. I was travelling on the above mentioned driveway and suddenly a Vehicle (B) reversed out from the car park lot no 169 without proper lookout and without cautions hence collided onto my whole left Portion of my vehicle (A) causing damages to my vehicle.

(A) SJT 2778 C
 (B) GBA 8862 Y

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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



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.:

[Signature] 17/01/19

Report generated by: 15

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



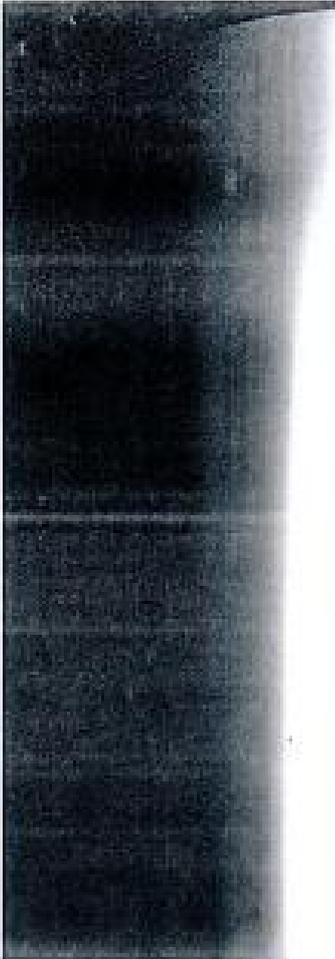
Accident Photo



Accident Photo



Identification Card



SJT 2798C
DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 58812197H



Name
DENNIS NG KAI FENG

黄凯丰

Race
CHINESE

Date of Birth
07-03-1990

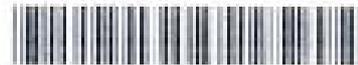
Sex
M

11001901

Place of Birth
SINGAPORE



5275801



Ident No. 58812197H



Date of Issue
30-08-2013

Address
407 BUX 8144 WOODLANDS DRIVE S2
#02-03
SINGAPORE 731844

Driving License

DRIVER
SJT 27980



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 1A	Motor road vehicles with a laden weight (including accessories) of up to 2500kg and/or 1600mm wheelbase, excluding a) mopeds and other motor vehicles without a laden weight and b) tricycles with a laden weight of 250kg	18 Apr 2015

NP 2798



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raффer Quay #05-05 Singapore 248880
 Tel (65) 4324 9000 Fax (65) 4324 9090
 Operating Hours: Monday to Friday, 0900 - 1700
 VISA 600000202 / GST Reg. No. M17600012706

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119007679 Vehicle Registration No: SJT 2778C
 Name in original RPT: DENNIS NH KAI FENG NRIC/FIN/Passport No: S9812197M
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address: BLK 624A WOODLANDS DR 52 H0X-09 Singapore: 731624
 Contact (Tel): _____ Mobile No.: 92592114
 Email Address: _____
 Date of Accident: 16/1/19 Time of Accident: 11:55
 Place of Accident: OPEN CARPARK @ PREMISES OF WOODLANDS 11 BUILD.
 Insurance Company: AIIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WISH TO AMEND BELOW MENTION

(Pg 1) Vehicle Registration Number SJT 2788C
change to SJT 2778C

(Pg 3) Injury person in which vehicle? SJT 2788C
change to SJT 2778C.

Policyholder / Driver's Signature: _____
 Date: _____

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