### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number
Contact Number

**EMail Address** 

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	17/01/2019 09:51
Date Of Accident	14/01/2019 12:55
Exact Location Of Accident	FILTER OUT FROM TPE TOWARDS LOYANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ2874B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	POHNGUAN.TEAH@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-90920548
Alternative Phone No	OFFICE-90920548
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	TEAH PON NGUAN (CHENG BAOYUAN)
NRIC No	S8234872G
Date Of Birth	18/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2006

12 YEARS AND 10 MONTHS

POHNGUAN.TEAH@ECOLAB.COM

(LOCAL) +65-90920548

OTHERS-90920548

MALE

BLK 315C YISHUN AVENUE 9 Address

#05-182

Postcode 763315

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

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

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD6934K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver XIA YUNHUI O 74345824 NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### Accident Sketch Plan

# IMPORTANT NOTICE

### SKETCH PLAN

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Pulcyholder and/or the Authorised Driver.
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- 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
- E. 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 ("CIA") maybe permitted to callect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or ressed 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' law yers few firms, the Monetary Authority of Singapore and any relevant government agencylauthority (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

- (ii) investigating the accident and/or my claims.
- (iii) carrying out ancitor dealing with my instructions or responding to any enquines by me:
- (M) administering my claims (including the mailing of correspondence, statements, invoces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as w oil as on the external cover of envelopeshoul
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims ectively the "Purposes")

(b) of insurery) who have exceed whicle(s) involved in this accident and the Insurery Service Sens, maybes on use, disclose and/or precess my Personal Information for one or more of the alliese Purposes, and (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service provi (including their lawyers/faw firms), which may be sited outside of Singapore, for one or more of the atoms Purposes.

A) SKW 9904 G

B) XD 6934 K

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### **Accident Sketch Plan**

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### ACCIDENT SCENE





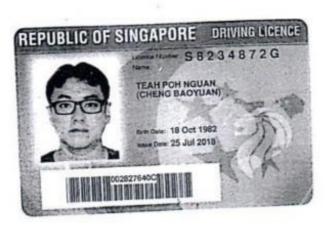








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# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Class 3 Motor cars with uniaden weight =< 3000kg with << 7 22 Feb 2006 passengers, exclusive of driver; and other motor vehicles with uniaden weight, << 2500kg NP 438A

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