

## 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	24/01/2019 11:19
Date Of Accident	24/01/2019 07:15
Exact Location Of Accident	AT THE TRAFFIC LIGHT OF NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7394Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LAY HOON
NRIC No	S6934952H
Email Address	FELICIATLH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97862823
Alternative Phone No	Home-64722578

### 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?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100395403-04
Cover Note Number	

### Driver

Name of Driver	TAN LAY HOON
NRIC No	S6934952H
Date Of Birth	07/10/1969
Occupation	INDOOR
Date Of Driving Pass	10/01/1990
Driving Experience	29 YEARS AND 0 MONTHS
Gender	FEMALE

Mobile Number	(LOCAL) +65-97862823
Fax Number	
Contact Number	HOME-64722578
E-Mail Address	FELICIATLH@HOTMAIL.COM
Address	352 LAUREL WOOD AVENUE
Postcode	275959
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	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	1
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

WHEN I WAS DRIVING ALONG NORTH BUONA VISTA ROAD, THE TRAFFIC LIGHT IN FRONT OF ME TURN "ORANGE", SO I STOPPED MY CAR IN FRONT OF THE TRAFFIC LIGHT. I COULD SEE THE BUS PA9539J, COMING TOWARDS ME. I STOPPED MY CAR AND I HAD MY "STOPPED" INPUT SIGN. UNFORTUNATELY, THE BUS DRIVER DIDN'T SLOW DOWN HIS SPEED AND HIT INTO MY CAR'S BACK. THE IMPACT WAS HUGE, CAUSED MY CAR (DRIVER) SEAT TO MOVE FORWARD, THE SEAT BELT WAS TIGHT ON MY CHEST, IMMEDIATELY I FELT THE TIGHTNESS AND PAIN ON MY CHEST. I TRIED TO PULL OUT MY CAR KEY BUT CANNOT AS THERE IS A RED LIGHT SHOWING "STEERING WHEEL DEFECTION" SIGN. I CAME OUT OF THE CAR AND SAW THE HUGE DENT ON MY CAR'S BOOT.

### 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	PA9539J
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Vehicle Category	BUS

Name of Driver	PHUA KIAH YEW
NRIC/Passport Number	S6818842C
Contact Number	93359640
Address	BLK 233 COMPASSVALE WALK #06-476
Postcode	540233
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKQ7394Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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: 24/11/19



Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/11/19

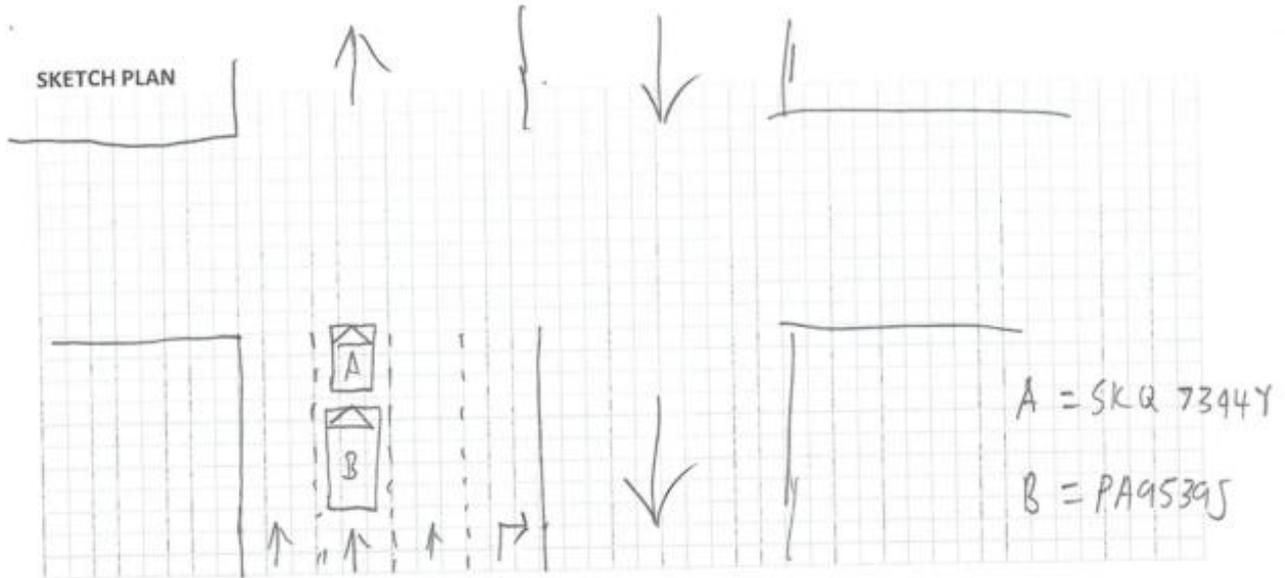


Reporting Centre Personnel's Signature

Name: Cony Froy

NRIC/FIN No.: 620401621

### Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was driving along about Bras Basah Road, the traffic light in front of me turn "orange" so I stopped my car in front of the traffic light. I could see the bus PA9539J coming towards me. I stopped my car and I had my "stopped" light sign. Unfortunately, the bus driver didn't slow down his speed and hit into my car's back. The impact was huge, caused my car seat to move forward, the seat belt was tight on my chest, immediately I felt the hurtness and pain on my chest, I tried to pull out my car key but cannot as there is a red light showing "steering wheel deflection" sign.

I came out of the car and saw the huge dent on my car's boot.

The bus driver name: Phua Kiah Yew (mobile: 93359640)  
IC: S6818842C  
Address: Apt 81k 233, Compassvale Walk #06-476  
Singapore S40233  
Bus Company: KS Ng

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 24/1/19

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/1/19

  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: G2220147X

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**



Accident Photo

