

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	07/02/2019 18:03
Date Of Accident	06/02/2019 02:15
Exact Location Of Accident	JB CIQ (ENTRANCE) TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6728D
Insured/Policyholder	
Name Of Registered Owner	CHOY SING KHEONG
NRIC No	S2577286E
Email Address	SINGKHEONGCHOY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93390769
Alternative Phone No	OTHERS-93390769

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK TO SINGAPORE (HOLIDAY)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800155226
Cover Note Number	

Driver

Name of Driver	CHOY SING KHEONG
NRIC No	S2577286E
Date Of Birth	04/10/1963
Occupation	INDOOR
Date Of Driving Pass	22/02/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93390769
Fax Number	
Contact Number	OTHERS-93390769
Email Address	SINGKHEONGCHOY@YAHOO.COM

Address	509 SEMBAWANG ROAD #03-58
Postcode	757710
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	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)	4
Passenger 1	NAME: : TOK SOH KHIM GENDER: : FEMALE
Passenger 2	NAME: : CHOY ONN MUN GENDER: : MALE
Passenger 3	NAME: : CHOY ONN LENG GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	GIVEN BY CANNOT VIEW
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3182E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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:

7/2/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

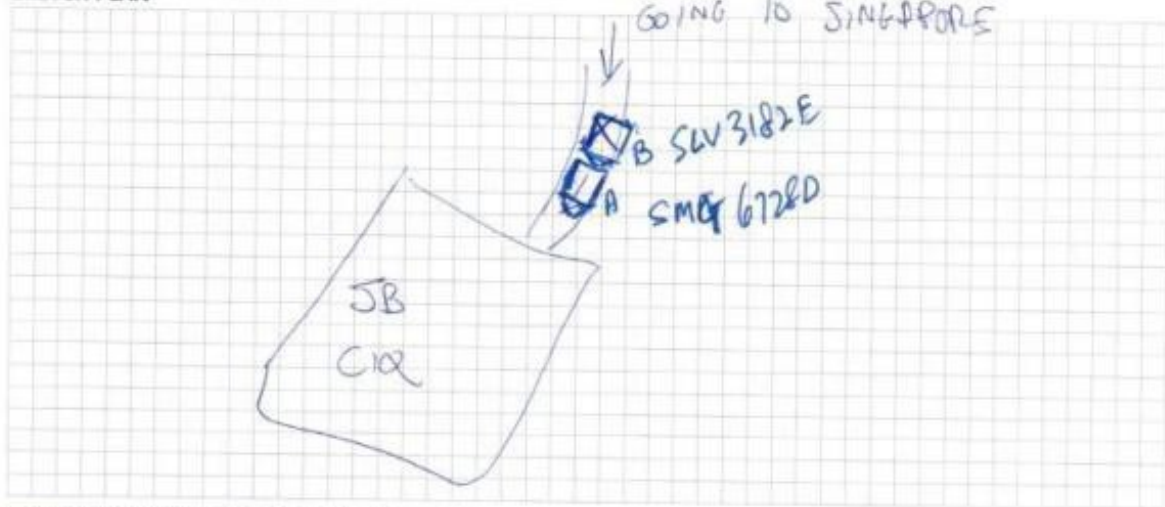
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 Feb 2019 2:16 AM, a black Toyota license plate SLV 3182E bumped into my Subaru Forester (license plate SMG 6728D) on the rear right bumper while queuing to enter Johor Bahru C102 to go back to Singapore.

From the dashcam video (provided), it appears the black Toyota was trying to change to the right most lane.

Please refer to the JPEG on the location.

After the accident, the driver of SLV 3182E denied hitting our car.

It was difficult to continue to the discussion as there was heavy traffic and we were blocking the entrance to JB C102. The black Toyota then drove to the right most lane and went off. We did not see the black Toyota car after that.

DECLARATION

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

Chaplin

Policyholder's Signature

Date & Time: 7/2/2019 12:35 PM

QJARSNC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

order/2019
Rashid Lwin Hoo

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2577286E



Name
CHOY SING KHEONG

Race
CHINESE

Date of birth
04-10-1963

Country of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S2577286E

Name
CHOY SING KHEONG

Birth Date 04 Oct 1963

Issue Date 14 Jun 2003



4948832



NRIC No. S2577286E

Date of issue
13-03-2013

Address
509 SEMBAWANG ROAD
#03-SB
SINGAPORE 757710

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 Kilograms

PAGE DATE
22 Feb 1996



Licence No: S2577286E

NP 429A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



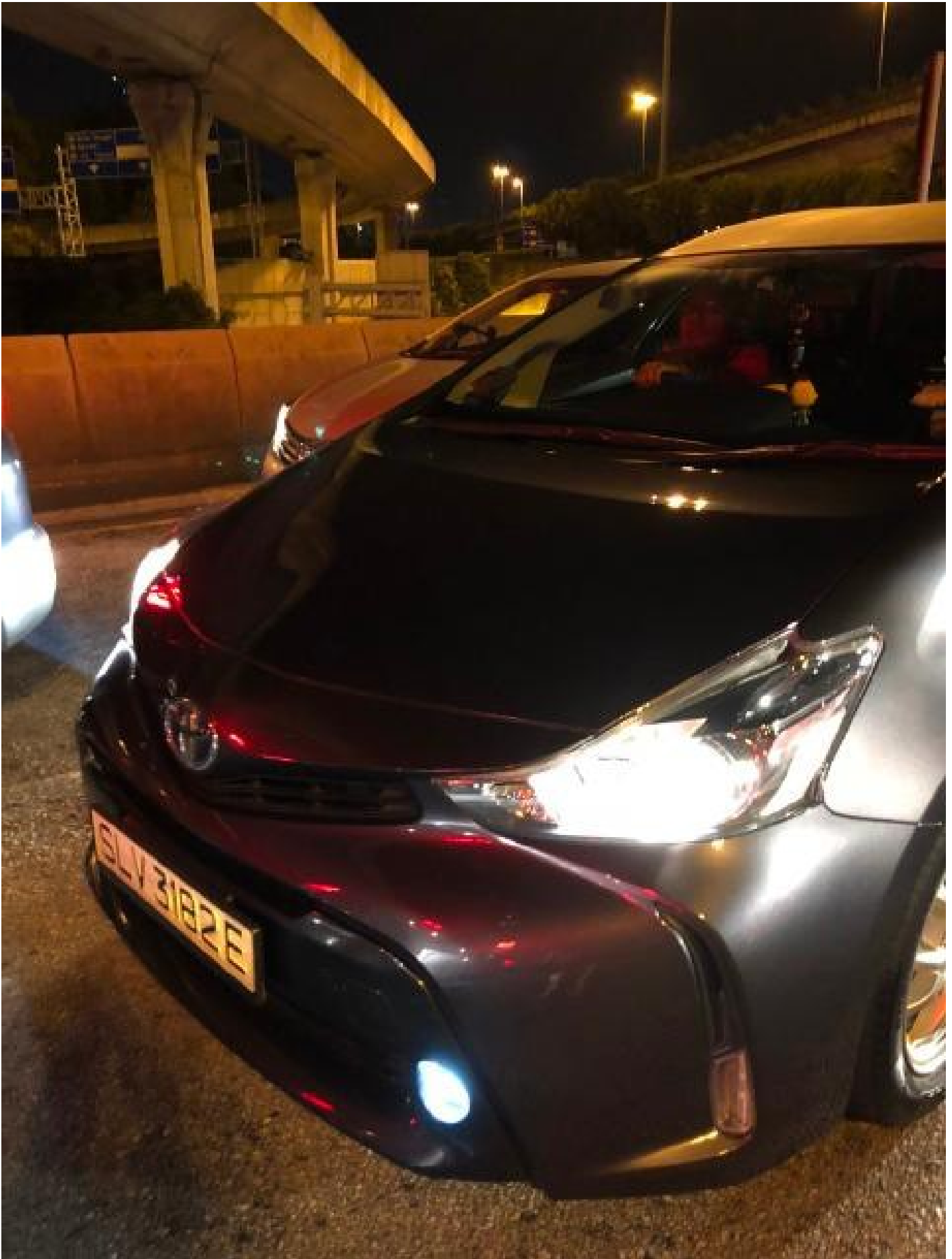
Accident Photo



Accident Photo



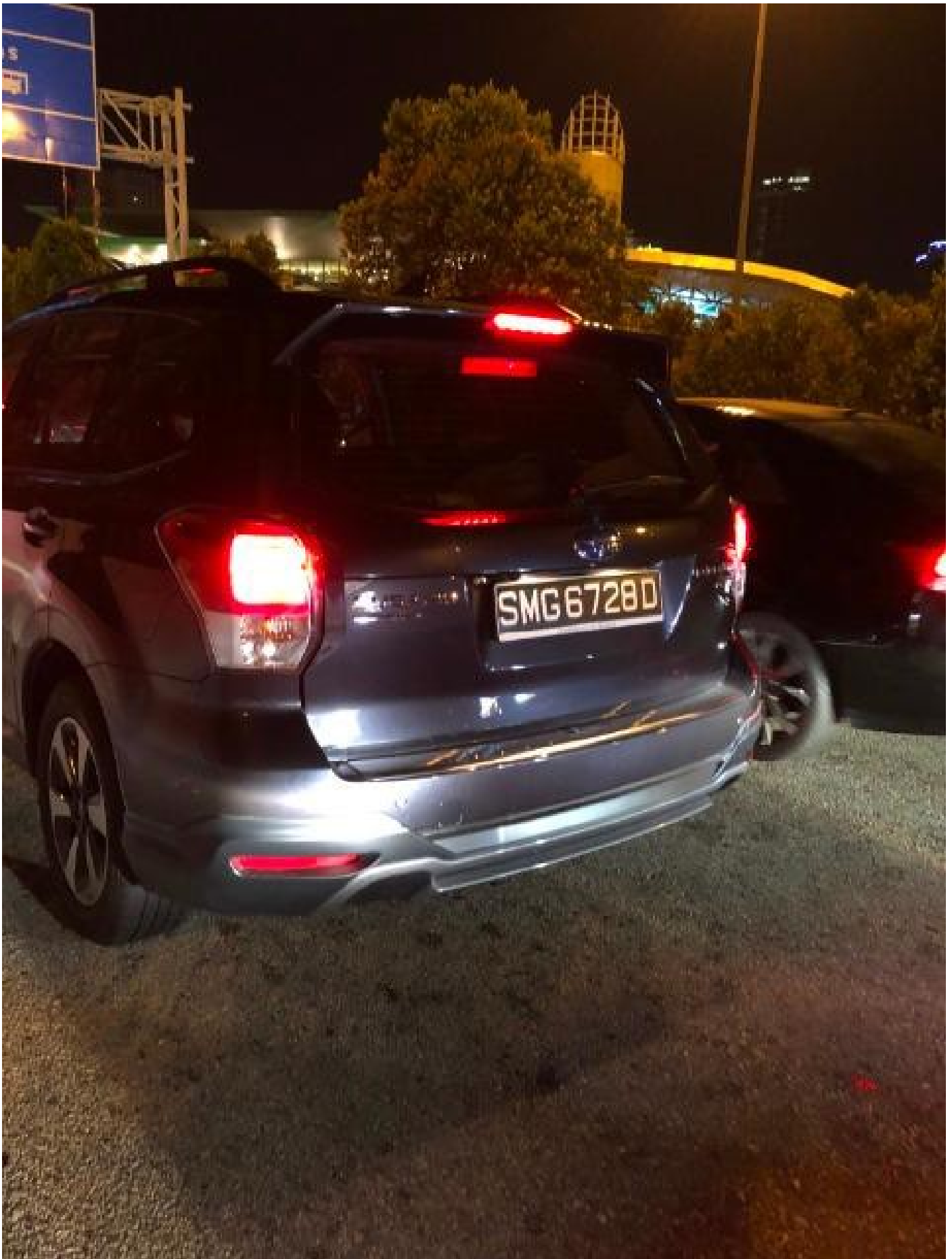
Accident Photo



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Accident Photo



ADDENDUM SHEET



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017733

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 24 MAY 19017094 Vehicle Registration No: S257286E
Name (as shown in NRIC) : CHAY SUEH KHUAN NRIC/FIN/Passport No : SMG 67280
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93390769
Email Address : _____
Date of Accident : 06/02/2019 Time of Accident : 02:15
Place of Accident : JG (10 CENTRAIR) TOWARDS SINGAPORE
Insurance Company : AIU

(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:

DATE OF DRIVING PASS IS 22/02/1995

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RASHI KHAN
NRIC/FIN No.: 22/02/2019
Date: