

## 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	08/02/2019 10:23
Date Of Accident	07/02/2019 18:40
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4331G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAY MAY LIN
NRIC No	S7709745G
Email Address	CELESTE3227@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90238570
Alternative Phone No	OTHERS-90238570

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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?	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	1700040831-01
Cover Note Number	

### Driver

Name of Driver	YEOW CHIN HOCK
NRIC No	S7221082D
Date Of Birth	07/06/1972
Occupation	INDOOR
Date Of Driving Pass	10/11/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90238570
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	7 RIVERVALE CRESCENT #12-20
Postcode	545085
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

I WAS DRIVING ALONG ANG MO KIO AVE 5 TOWARDS SENGKANG DIRECTION. I STOPPED AT A TRAFFIC LIGHT THAT WAS RED. WHEN THE TRAFFIC TURNED GREEN, A CAR AT THE REAR (SKK1795H) DRIVEN BY MR WEE BT, MOVED FORWARD AND HIT THE REAR OF THE CAR, WHILE I WAS STILL STATIONARY. I INSPECTED THE CAR AND BOTH OF US DRIVE TO A SIDE ROAD (LUXUS HILL RD) TO EXCHANGE PARTICULARS.

#### 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	SKK1795U
Vehicle Make/Model/Colour	VOLKSWAGON / GOLF / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE BT
NRIC/Passport Number	
Contact Number	97459922
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	YEOW CHIN HOCK
Approximate Age	
Injuries Sustain	NECK SPRAIN & SWELLING
Injured person in which vehicle?	SLR4331G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	GAY MAY LIN
Approximate Age	
Injuries Sustain	NECK SPRAIN & SWELLING
Injured person in which vehicle?	SLR4331G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

8/2/17  
9 am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

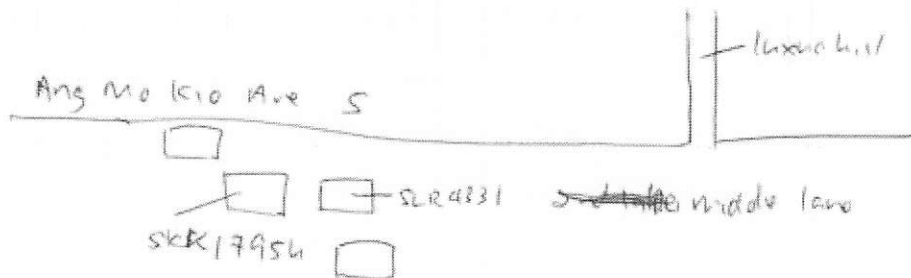
Name: NOM KHAI

NRIC/FIN No.:



### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ang Mo Kio Ave 5 towards Serangoon direction. I stopped at a traffic light that was red. When the traffic turned green, a car at the rear (SILK 1995H) driven by Mr Wee Et moved forward and hit the rear of the car while I was still stationary. I inspected the car and with all no drive to a side road (Luxus Hill Rd) to exchange particulars.

## DECLARATION

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

Wm. A. R.

Policyholder's Signature  
Date & Time:



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

*[Signature]*

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