

MSME19019771 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 12/02/2019 17:27  
SUBMITTED BY: Chia Pei Ying

## 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	12/02/2019 17:27
Date Of Accident	11/02/2019 20:55
Exact Location Of Accident	WOODLANDS AVE 5 & AVE 2 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5193C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CARZ LEASING PTE LTD
Co Reg No	201606152D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62624666

## Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	
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	999994426
Cover Note Number	

## Driver

Name of Driver	NG POH KHEONG
NRIC No	S1380230J
Date Of Birth	04/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98521160
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 244 TAMPINES ST 21 #02-367  
 Postcode 521244  
 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 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) 5  
 Passenger 1  
 NAME: : NICHOLAS WEE  
 GENDER: : MALE  
 Passenger 2  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : UNKNOWN GENDER: UNKNOWN  
 GENDER: : MALE  
 Passenger 4  
 NAME: : UNKNOWN GENDER: UNKNOWN  
 GENDER: : MALE

**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**

ON 11/02/2019 AT ABOUT 2055HRS, VEHICLE A WAS WAITING FOR TRAFFIC LIGHT TO TURN GREEN AT WOODLANDS AVE 5 & AVE 2 TRAFFIC JUNCTION. SUDDENLY, I FELT A HIT IMPACT FROM MY VEHICLE REAR PORTION. VEHICLE B FAILED TO STOP AND COLLIDED ONTO MY VEHICLE.

**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 SHD6516Z  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B

Vehicle Category	TAXI
Name of Driver	ROSLI BIN ABU SAMAH
NRIC/Passport Number	S1487145D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	NG POH KHEONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5193C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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:

12/2/19  
1625hrs.

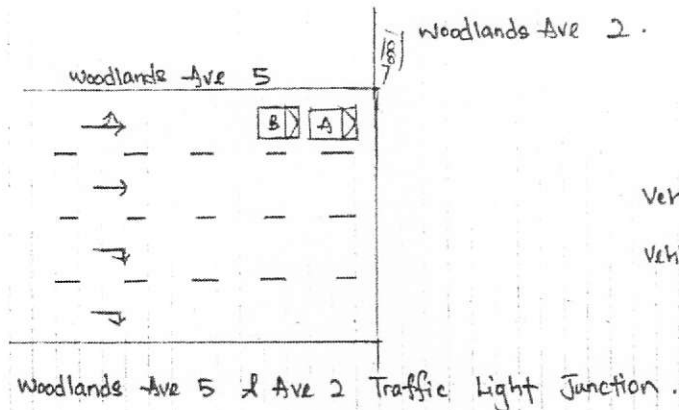
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

2-ONE

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/02/2019 at about 20:55 hrs, 1 vehicle A was waiting traffic light to turn green at Woodlands Ave 5 & Ave 2 Traffic Junction. Suddenly, I felt an hit impact from my vehicle rear portion. Vehicle B failed to stop and collided on to my vehicle.

## DECLARATION

I/We declare foregoing particulars 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: