

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	25/02/2019 20:11
Date Of Accident	24/02/2019 18:00
Exact Location Of Accident	ALONG MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4238L
Insured/Policyholder	
Name Of Registered Owner	TOH BENG HWEE
NRIC No	S6839138E
Email Address	GORDON-TOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93884135
Alternative Phone No	OTHERS-82283075

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO-1.1 (M)
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	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	2100156633-09
Cover Note Number	

Driver

Name of Driver	GORDON TOH SENG CHYE
NRIC No	S9414081A
Date Of Birth	20/04/1994
Occupation	INDOOR
Date Of Driving Pass	26/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93884135
Fax Number	
Contact Number	OTHERS-82283075
Email Address	GORDON-TOH@HOTMAIL.COM

Address	BLK 307 WOODLANDS AVENUE 1 #05-305
Postcode	730307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : CHAN CHAO XIN GENDER: : FEMALE
Passenger 2	NAME: : GENEVIEWE TOH GENDER: : FEMALE
Passenger 3	NAME: : NG SWEE CHENG 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG1689B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAPHNIE LIN
NRIC/Passport Number	S7602929F

Contact Number	83889999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

Veh A: SJS 438L

Veh B: SJG 1689B

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Toh
Policyholder's Signature
Date & Time:

Sgn 25/2/19 1515
Driver's Signature
(If driver is not the policyholder)
Date & Time:

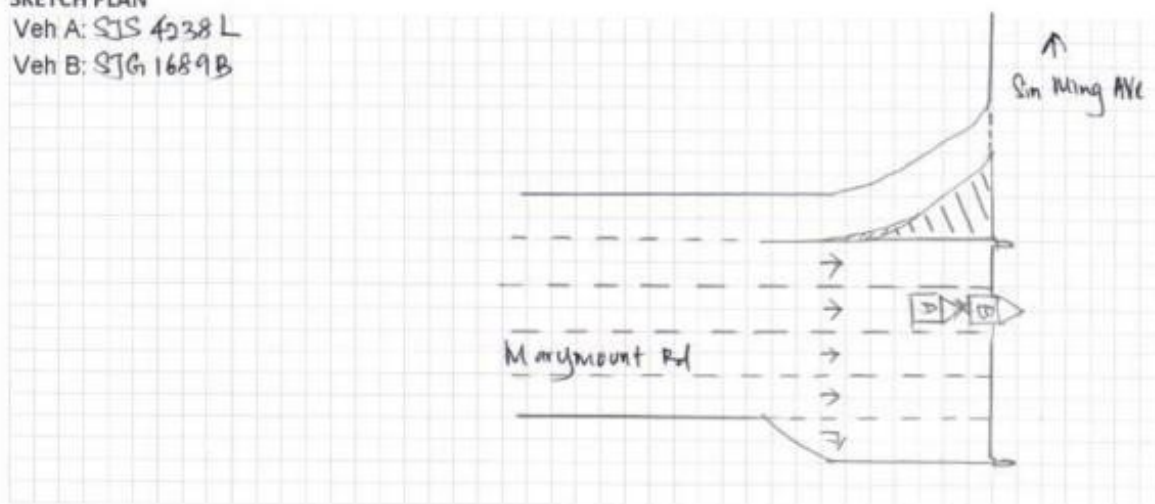
25/02/2019
Reporting Centre Personnel's Signature
Name: Rosh Wathani
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: SJS 4238 L

Veh B: S7G 1689B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i traveling along Marymount Rd at traffic Junction. Traffic light was green we moved, suddenly vehicle in front of me make e-brake to complete stoped. I could not stop in time and hit onto rear of the vehicle R.

DECLARATION

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

Tek

Policyholder's Signature _____
Date & Time: _____

SGH 25/2/14 1515

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


Reporting Centre Personnel's Signature
Name: *Col. [Signature]*

Name: _____

NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9414081A**



Name
GORDON TOH SENG CHYE


卓 成 財

Race
CHINESE

Date of birth
20-04-1994

Sex
M

Country of birth
SINGAPORE



S9414081A



4439166



NRIC No. **S9414081A**


Date of issue
29-07-2009

Address
**APT BLK 307 WOODLANDS AVENUE 1
#05-305
SINGAPORE 730307**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S9414081A**
Name: **GORDON TOH SENG CHYE**


Birth Date: **20 Apr 1994**
Issue Date: **26 Jul 2018**

 002828415F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	26 Jul 2018

NP 428A

 Licence No: S9414081A

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 : MA049076317 Vehicle Registration No: SJ84238 L
Name (as shown in NRIC) : GOO LON TOH SHAN CHYE NRIC/FIN/Passport No : 99444081
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93884135
Email Address : _____
Date of Accident : 24/02/2015 Time of Accident : 18:00
Place of Accident : ALONG MARYMOUNT ROAD
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:

To INQUIRE NEW C/I NUMBER & INS CAR?

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rolla Luthans
NRIC/FIN No.:
Date: 13/02/2015