### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/03/2019 11:41
Date Of Accident	24/03/2019 13:40
Exact Location Of Accident	SLE TWDS ANG MO KIO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF956L
Insured/Policyholder	
Name Of Registered Owner	SUPER MILLION ELECTRONICS TRADERS
Co Reg No	39130000L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97878927
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800072068
Cover Note Number	
Driver	
Name of Driver	NO MANO LINA

Name of Driver

NG KWANG HUA

S2503008G

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

NG KWANG HUA

S2503008G

04/05/1959

OUTDOOR

07/03/1979

Driving Experience 40 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97878927

Fax Number

Contact Number

EMail Address NOEMAIL

Address 6 BUTTERWORTH LANE

#13-07

Postcode 439422

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

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 TRAVELLING STRAIGHT ALONG SLE TWDS ANG MO KIO ON THE 2ND LANE OF A3-LANES RD.INFRT OF MY VEH STOP AND I HAVE NOT ENOUGH TIME TO REACT MY VEH CAN'T STOP INTIME AND HIT ONTO THE REAR PORTION OF VEH B.

### 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 SJF5967C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver SHAO JIANXIN
NRIC/Passport Number S2696028B
Contact Number 91863270

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 7. By the lodgment 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.
- 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)
  - (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.

MILLION ELECTRONIC TRADERS 302, Ubi Ave 1 #01-11 3ingapore 400302 15 QU70 6745 9979 Driver's Signature

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# **Accident Sketch Plan**

1 6160561	SLE TWAS ANG MOKIO
1-9BF956L	<b>-</b>
3-51-5967	C R H HEHAI
	<del></del>
	777777
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
Pls repe h	is the statement.
· ·	
CLARATION	
Ve declare the locegoing parts	CORD WE true A Corpy respect.
Verdeclare the licrogating parts	Ave 1 #01-11
We declare the local grants 302. Ubi A Singapore	AVE 1 #01-11 400302
We beclar the loce going parts	AVE 1 #01-11 400302













### **Identification Card**





