

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	22/03/2019 14:47
Date Of Accident	21/03/2019 20:00
Exact Location Of Accident	PIE PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9689K
Insured/Policyholder	
Name Of Registered Owner	YEO CHEE KIAT
NRIC No	S7726737I
Email Address	THEFULLERTON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96896998
Alternative Phone No	HOME-64499852

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	1700051477-01
Cover Note Number	

Driver

Name of Driver	YEO CHEE KIAT
NRIC No	S7726737I
Date Of Birth	18/09/1977
Occupation	INDOOR
Date Of Driving Pass	25/07/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96896998
Fax Number	
Contact Number	HOME-64499852
Email Address	THEFULLERTON@HOTMAIL.COM

Address	BLK 128 BEDOK RESERVOIR ROAD #08-1313
Postcode	470128
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	RAINING
Road Surface	WET

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?	
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 LANE 1 AT PIE PAYA LEBAR FLYOVER WHEN I WAS HIT AT THE BACK BY A CITYCAB DRIVER FROM BEHIND. HE HAD A PASSENGER WHOM DID NOT CAME OUT OF THE VEHICLE THROUGHOUT THE POST ACCIDENT DISCUSSION. THE ACCIDENT HAPPENED ON 21 MARCH 2019, AT AROUND 8.00 PM.

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	SHC7049D
Vehicle Make/Model/Colour	HYUNDAI 130 / CITICAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI WENG KAY
NRIC/Passport Number	S1306740F
Contact Number	91199693
Address	658 JALAN TENAGA #04-152
Postcode	410658
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

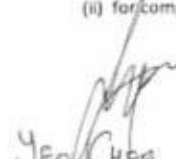
SKETCH PLAN

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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.


Yeoh Chee Kiat.

Policyholder's Signature

Date & Time: 22/02/2019.
11:00am

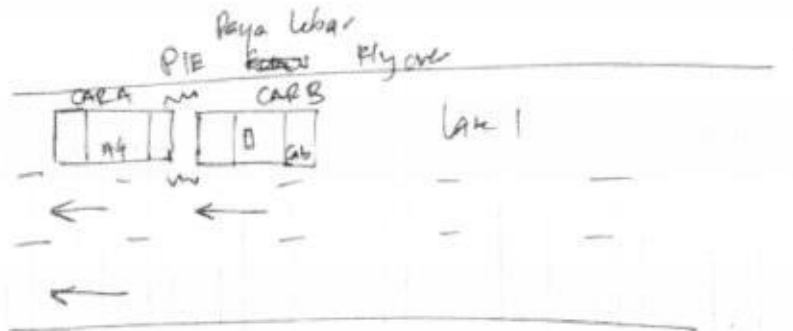

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: SITI MARSHILA
NRIC/FIN No.: S89102602



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along lane 1 as PIE ~~to~~ ^{Paya Lebar} ~~was~~ ^{fly over} when
 I was hit @ the back of by a city cab driver from
 behind.
 He had a passenger inside which whom did not ~~as~~ come out
 of the vehicle throughout the accident post accident
 discussion.
 The ~~acc~~ accident happened on 21 Mar 2019 at around 8:00pm

DECLARATION

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

Policyholder's Signature

Date & Time: 22/03/2019
11:50am

Driver's Signature

(if driver is not the policyholder)

Date & Time: 22/03/2019
11:50am

Reporting Centre Personnel's Signature

Name: SITI MARSHALLA
NRIC/FIN No.: S8962602

