

## 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	03/04/2019 18:24
Date Of Accident	03/04/2019 09:30
Exact Location Of Accident	TPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3558Y
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### Insured/Policyholder

Name Of Registered Owner	B & I RESOURCES PTE LTD
Co Reg No	200202782D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68421223

### Vehicle Particulars

Manufacturer	KIA
Model	K2500 BSP EURO 6
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800053322
Cover Note Number	

### Driver

Name of Driver	YE WINT THAW
Passport No/FIN	G6791099R
Date Of Birth	26/10/1984
Occupation	INDOOR
Date Of Driving Pass	06/02/2017
Driving Experience	2 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-90931223
Fax Number	
Contact Number	
E-Mail Address	YEGYI7331@GMAIL.COM
Address	BLK 702 ANG MO KIO AVE 8 #01-2519 SINGAPORE
Postcode	560702
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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)	7
Passenger 1	Name: : H WEE Gender: : Male
Passenger 2	Name: : HANSON Gender: : Male
Passenger 3	Name: : PAING SOE KYAW Gender: : Male
Passenger 4	Name: : RAMAN Gender: : Male
Passenger 5	Name: : NANID Gender: : Male
Passenger 6	Name: : TAHUR 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

THE FRONT HAS ACCIDENT HAPPENED, THE CAR IN FRONT BRAKED AND STOP THE CAR. I ALSO APPLIED BRAKE TO STOP THE VEHICLE AND CANNOT STOP IN TIME. ACCIDENTALLY HIT THE TAXI IN FRONT.

**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	SHF486E
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KEE ENG
NRIC/Passport Number	S1132586F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan



## MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:	03/04/2019		Time:
Date of Accident:	03/04/2019		Time: 0930.
Exact Location of Accident:	TPR Towards Changi		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	GBH 3558Y		
Name of Registered Owner:	B & I Resources Pte Ltd		
NRIC/Passport No./FIN:	2002027820		
VEHICLE PARTICULARS			
Manufacturer:	KIA	Model:	K2500
Exact Purpose for which vehicle was being used at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1800053322		
Driver when the Accident Happen			
Name of Driver:	Ye Wnt Thaw		
NRIC/Passport/Fin No:	G6791099R		
Date of Birth:	26/10/1984		
Occupation:	Supervisor		
Date of Driving Pass:	06/02/2017		
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Mobile No.:	90931223		
Home No.:	-		
Address:	18LK 702 Ang Mo Kio Avenue 8 #01-2519 (S) Postal Code 560702		
Email Address:	yegyt7331@gmail.com		
Was the Driver an Employee of the Insured's Company:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State the relationship of the driver to insured		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	Head to rear		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Passengers (Including Driver):	7		
Any Accident Photo in the Scene of Accident:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there any video captured by your Camera?:	Yes		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there any audio recording?:	NO		
Which Police Station:	-		
Was notice of Intended Prosecution given:	-		
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SHF 486E		
Name of Registered Owner:	-		
NRIC/Passport No./FIN:	-		
Company Reg. No (for Company Veh):	-		
Name of Driver:	Lim Kee Eng		
NRIC/Passport/Fin No:	S1132586F		
Mobile No.:	-		
Home No.:	-		
Address:	-		
Postal Code:	-		
Email Address:	-		
Insurance Company:	-		
Details of Passenger if any			
Passenger Name:	-		
Contact Number:	-		
Gender:	-		
Details of Injured Person			
Name:	-		
Age:	-		
Address:	-		
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The front has accident happened, the car in front braked and stop the car. I also applied brake to stop the vehicle and cannot stop in time. Accidently hit the taxi in front.

## DECLARATION



Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

*[Signature]*

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

*[Signature]*

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

