

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	10/04/2019 12:20
Date Of Accident	10/03/2019 18:30
Exact Location Of Accident	ALONG WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6614R
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Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	BERTHACHUAHM@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-82336508
Alternative Phone No	OFFICE-82336508

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	CHUA HONG MIN
NRIC No	S9378634C
Date Of Birth	02/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82336508
Fax Number	
Contact Number	OTHERS-82336508
Email Address	BERTHACHUAHM@GBCR.COM.SG

Address	BLK 419 FAJAR ROAD #05-453
Postcode	670419
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?	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)	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

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	SLP4588T
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97525529
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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 be 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' law firm/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 be 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 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 located outside of Singapore, for one or more of the above Purposes.

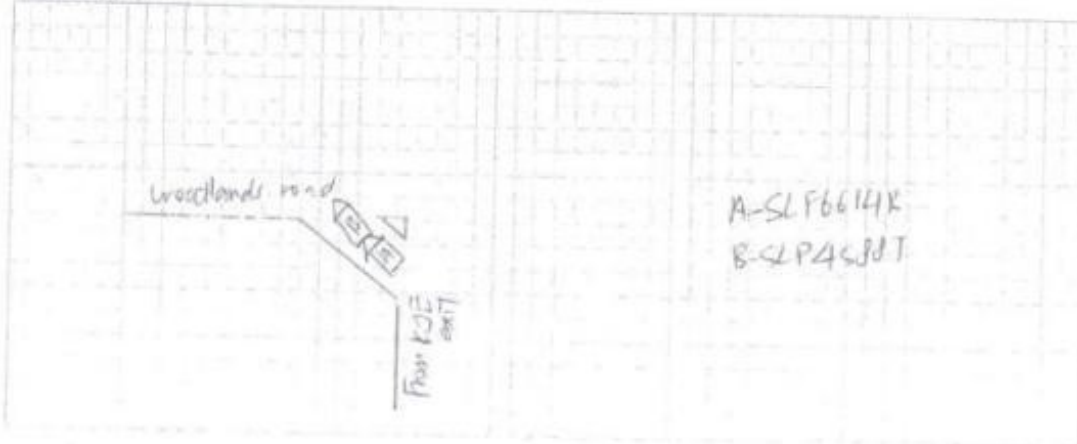
Policyholder's Signature



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstance of the Accident *

On 10/3/2019 at 6:30pm, I was driving SEF 66418 existing from 8 JF ~~to~~ towards woodlands road. While driving along the slip road my vehicle roll ahead and slightly hit on the rear of vehicle B. We came down and exchange particular. Both vehicles ~~be~~ no damages and I took plenty of photo on the spot. The driver of vehicle B agreed no damages found as well.

Declaration

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



Policyholder's Signature /

*

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Accident Sketch Plan

4/4/2019

Untitled document - Google Docs



Qu 10/04/2019

Accident Photo

4/4/2019

Untitled document - Google Docs

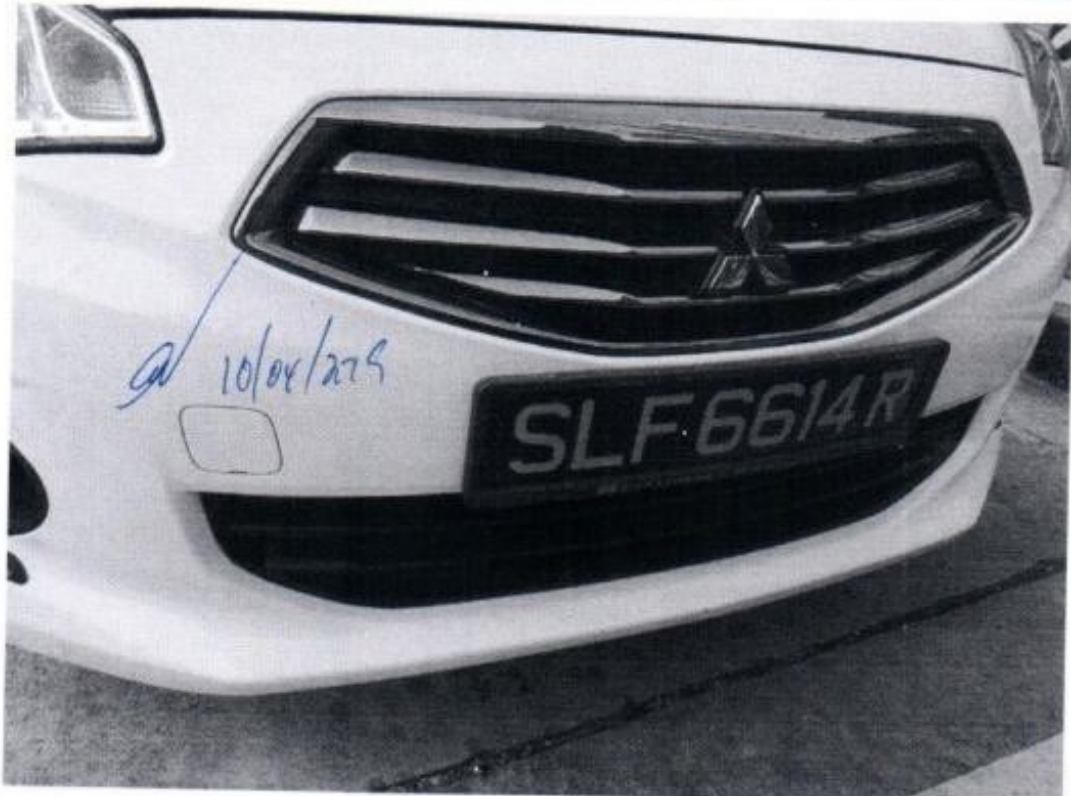


aw 10/04/2019

Accident Photo

4/4/2019

Untitled document - Google Docs



<https://docs.google.com/document/d/173JCg6qNh6-X6M-PPYZaPpXnZ8mI45miTvHINVxOIQ/edit>

4/7

Accident Photo

4/4/2019

Untitled document - Google Docs



10/24/2019

Accident Photo

4/4/2019

Untitled document - Google Docs

10/04/2019



<https://docs.google.com/document/d/173JCg6qNh6-X6M-PPYZaPpXnZ8ml45miITvHINVxOIQ/edit>

6/7

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9378634C



NAME
CHUA HONG MIN
蔡紅敏

SEX
F

DATE OF BIRTH
02-03-1993

COUNTRY OF ORIGIN
MALAYSIA




199378634C

REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTITY CARD NO. S9378634C



NAME
CHUA HONG MIN

DATE OF BIRTH
02 MAR 1993

EXPIRY DATE
18 Oct 2018



9302587128

9304475



IDENTITY CARD NO. S9378634C



NATIONALITY
MALAYSIAN

DATE OF BIRTH
10-12-2018

ADDRESS
APT B1K 410 TAJUR MOOD
PDS-083
SINGAPORE 673410

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

CLASS 5

Motor cars with unladen weight not exceeding 4000 kg, carrying not more than 9 passengers, a maximum of 40 km/h and other motor vehicles with unladen weight not exceeding 4000 kg.

EXPIRY DATE
18 Oct 2018

9304475

IDENTITY CARD NO. S9378634C



199378634C

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
UENI 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: 210849046636 Vehicle Registration No: SLF 6614R
Name (as shown in NRIC): CHIA JIN HUI NRIC/FIN/Passport No: S938634C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 87336508
Email Address: _____
Date of Accident: 10.03.2019 Time of Accident: 18:30
Place of Accident: BRIDGE ROAD, KOREA
Insurance Company: ALG

(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:

T/P VEHICLE NUMBER TO SLF 45887

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: POSA
NRIC/FIN No.: 101010101
Date: 10/03/2019