

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	13/04/2019 15:28
Date Of Accident	12/04/2019 11:35
Exact Location Of Accident	ALONG ALJUNIED ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1727E
Insured/Policyholder	
Name Of Registered Owner	CAT & THE FIDDLE PTE LTD
Co Reg No	201427345W
Email Address	LIXONCHAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98895351
Alternative Phone No	OFFICE-98895351

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100428782-03
Cover Note Number	

Driver

Name of Driver	LIXON CHAU MIN FAN
NRIC No	S9646921G
Date Of Birth	15/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98895351
Fax Number	
Contact Number	OTHERS-98895351
Email Address	LIXONCHAU@GMAIL.COM

Address	BLK 655 YISHUN AVENUE 4 #04-389
Postcode	760655
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 - CROSS JUNCTION
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?	YES
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	GBE9430S
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OOI LAM CHEN
NRIC/Passport Number	G2417192U
Contact Number	91034548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIXON CHAU MIN FAN
------	--------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBE1727E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.



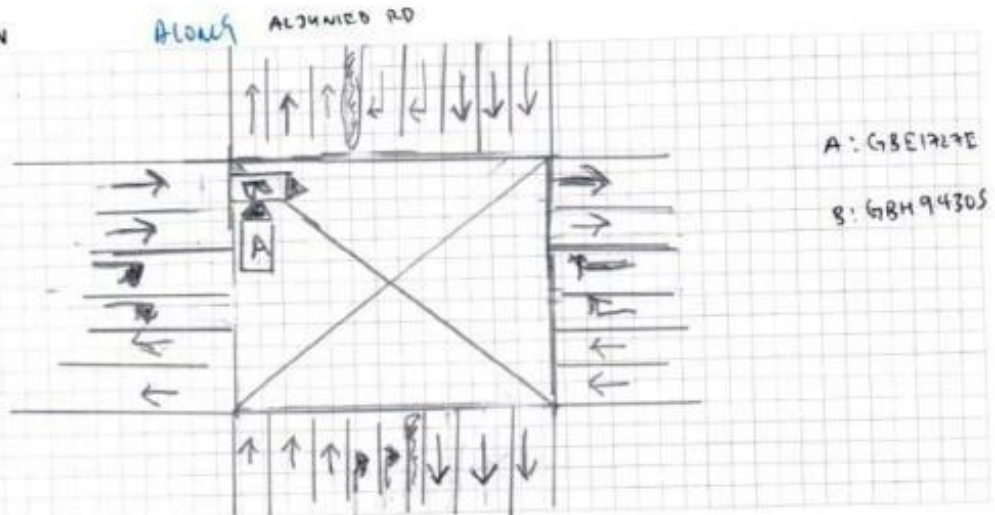
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* WHILE DRIVING ON ALIGNED RD ON VEHICLE GBE1727E, WHILE I WAS CROSSING THE JUNCTION, WHICH WAS GREEN LIGHT. THE VEHICLE NO. GBH 9430S BEAT THE RED LIGHT, WHICH ~~AT~~ RESULTED ME IN CRASHING INTO HIM ON THE ^{RIGHT} SIDE AT HIS REAR WHEEL AREA.

DECLARATION

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

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.:

LETTER



STRICTLY CONFIDENTIAL

12 April 2019

To whom it may concern,

Dear Sir or Mdm,

We hereby authorize our driver, Mr. Lixon Chau Min Fan, holder of IC No S9646921G to report to AIG regarding an accident that happened on 12 April 2019.

Thank you.

Yours sincerely,



Ee Ling Sim
HR Executive



G & H MEDICAL CLINIC PTE LTD

Blk 106 Yishun Ring Rd #01-173 S760106 Tel : 67586322/3

OFFICIAL RECEIPT

Name : Chau Min Fan
 NRIC : S9646921G
 Co Reg No: 199302098H

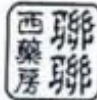
Page No : 1
 GST No: 199302098H
 Receipt Date : 12/04/2019
 Receipt No : 505962

Orphenadol	10tabs	\$4.00
Actal 360mg	10tabs	\$2.00
Voltaren Tab 25mg	10tabs	\$2.00
CONSULTATION		\$23.00

Payment : \$33.00 Cash
 Difference : \$0.17

SubTotal : \$31.00
 GST Amount : \$2.17
 Total Fee : \$33.17
 Prev Outstanding : \$0.00
 Total Payable : \$33.17

This is a computer generated receipt which requires no signature.

**G & H MEDICAL CLINIC PTE. LTD.**

BLK 106, YISHUN RING ROAD, #01-173, SINGAPORE 760106.
 TEL: 6758 6322 / 3
 CO. REG. NO.: 199302098H

Nº 119622

MEDICAL CERTIFICATE

NAME: Chau Min Fan NRIC: S9646921G

☒ This is to certify that the abovenamed is unfit for duty / school for a period of two days from 12/4/2019 to 13/4/2019 inclusive.

☐ He/She is fit for _____ duty as from _____ to _____

☐ The abovenamed attended my clinic at _____ a.m./p.m. and left at _____ a.m./p.m. No medical leave is necessary.

Date 12/4/2019

DR. GOR CHENG HONG
 M.B.B.S. (S'PORE)
 G & H MEDICAL CLINIC PTE LTD

M.B., B.S. (Singapore)

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Identification Card




Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S 9 6 4 6 9 2 1 G**
Name: **LIXON CHAU MIN FAN**

Birth Date: **15 Dec 1996**
Issue Date: **19 Aug 2015**



002463336H



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

EFFECTIVE DATE

Class 3 **Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **19 Aug 2015**

NP 428A

