

## 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 14:58 |
| Date Of Accident           | 21/03/2019 21:00 |
| Exact Location Of Accident | CTE              |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SME440H                    |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | HEALTHBIZ RESOURCE PTE LTD |
| Co Reg No                   | A200416424R                |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-93894886            |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | NISSAN       |
| Model  | NOTE-1.2 (A) |
| Exact Purpose for which vehicle was being used at time of accident           |              |
| 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             | 1800111147                           |
| Cover Note Number         |                                      |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | JOEYROSS PAGTALUNAN MENDOZA |
| Passport No/FIN      | G5235108T                   |
| Date Of Birth        | 08/09/1986                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 16/05/2014                  |
| Driving Experience   | 4 YEARS AND 10 MONTHS       |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-91568196        |
| Fax Number           |                             |
| Contact Number       |                             |
| Email Address        | NOEMAIL                     |

Address 5 ANG MO KIO INDUSTRIAL PARK 2A  
#05-21 AMK TECH II

Postcode

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 CHAIN COLLISION  
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 3  
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

REFER ATTACH

#### 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 SGL6949C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHIA CHEE HENG MICHAEL  
NRIC/Passport Number  
Contact Number 98624178  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFT8328B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOSHUA JEROME SIM CHIN WEE

NRIC/Passport Number

Contact Number

81390509

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**


**IMPORTANT NOTICE**


Vehicle No: SME44011

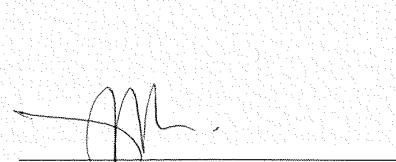
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

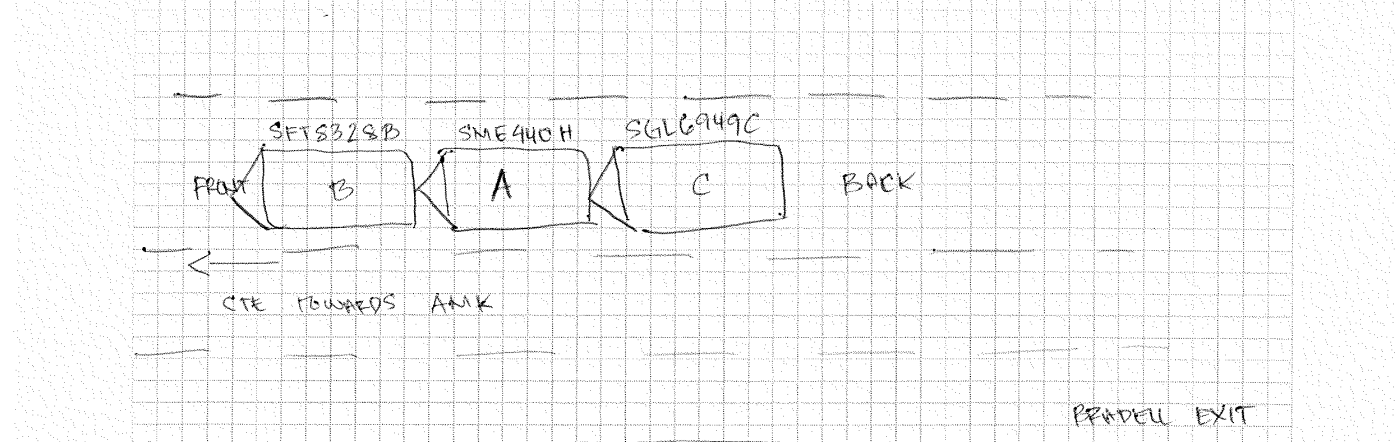
I understand, acknowledge, agree and consent that:

- (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) 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.

X  
  
 Policyholder's Signature  
 Date & Time:

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

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



Accident Location: CTE

- Brief Details Of Accident -




| BRIEF DETAILS OF ACCIDENT |  |
|---------------------------|--|
| OFFICER                   | OFFICER (1st CLASS) - JUNE TRAVELER BOARDING |

SFTS328D EDPHRE, (IF ALSO EDPHRE), WHILE TRAVELING TOWARDS AIR.  
I ALSO EDPHRE AND SGL6949C KNOCK <sup>TO SNE440H</sup> BEHIND A AND SNE440H KNOCK TO  
SFTS328B BEHIND.

(B) Veh No: SET8328B Hp: 81390509 Pax: Driver Name: JOSHUA JEROME SAA ANHIL KITE

(C) Veh No: SGL6949C Hp: 98624178 Pax: Driver Name: CHIA CHEE HENG MICHAEL

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|   |  |  |
|---|--|--|
| <br>Policyholder's Signature<br>Date & Time: | <br>Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | <br>Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|--|--|

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

