

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	06/05/2019 14:51
Date Of Accident	20/04/2019 10:30
Exact Location Of Accident	ALONG UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6673S
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Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KIMHOCK.ANG@SG.EAGLEBURGMANN.COM
Mobile Phone No	(LOCAL) +65-96286102
Alternative Phone No	OFFICE-96286102

Vehicle Particulars

Manufacturer	FORD
Model	MONDEO
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	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	ANG KIM HOCK
NRIC No	S1531021I
Date Of Birth	03/04/1962
Occupation	INDOOR
Date Of Driving Pass	08/05/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96286102
Fax Number	
Contact Number	OTHERS-96286102
Email Address	KIMHOCK.ANG@SG.EAGLEBURGMANN.COM

Address	5 JALAN HAJIJAH #01-02
Postcode	468700
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	SIDE SWIPE
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	SBS6817Y
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAN WEI BOON
NRIC/Passport Number	G8719520T
Contact Number	63837953
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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' law firms/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 claim(s) and any necessary investigations relating to the claim(s);
- (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' law firms/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.

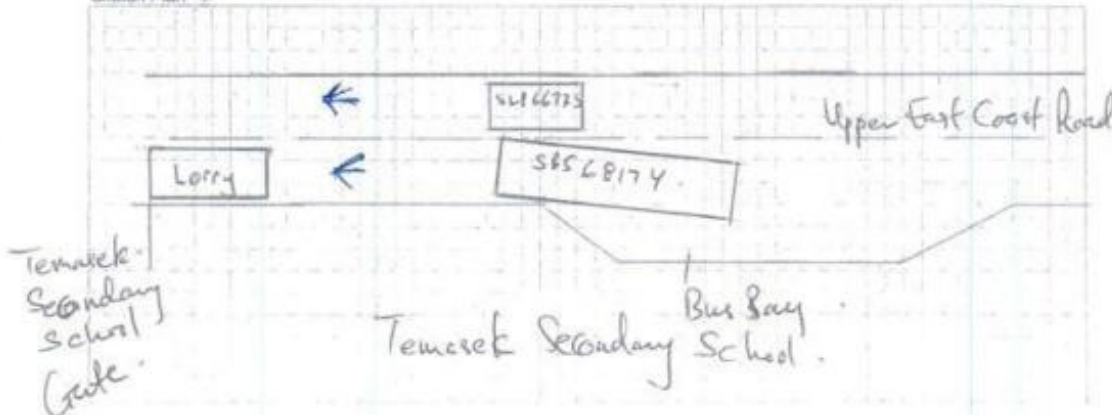
Policyholder's Signature & Time



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

Witnessed by Reporting Centre Personnel

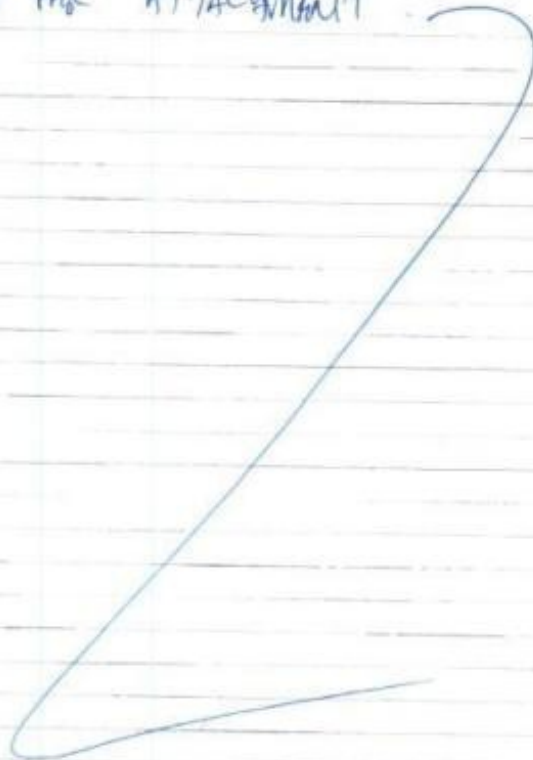
Sketch Plan



Accident Sketch Plan

Describe Circumstance of the Accident *

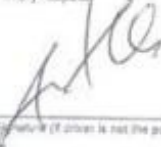
AS PER ATTACHED



Declaration

(We declare the foregoing particulars are true in every respect)


Policyholder's Signature

 22/4
Driver's Signature (if driver is not the policyholder) / Date
& Time

 06/05/2019
Witnessed by Registering Centre Personnel

ATTACHMENT

Date: 20 April 2019 at about 1030 hrs.

Accident Report: Between Saloon Car SLP6673S and SBS Bus 6817Y service 137.

Place of accident: Upper East Coast Road, slightly after the bus stop in front of Temasek Secondary School.

Damages: Saloon car SLP6673S passenger side mirror was damaged.

SBS Bus Driver side, signal light cover was broken.

Description of Event:

SLP 6673S was moving at moderate speed about 40 to 50 KM/hr along the right most lane of Upper East Coast Road, just passing the bus stop. At the same time, SBS Bus 6817Y was in the bus bay at the bus stop. Suddenly the bus was moving out of the bus bay slowly but began encroaching onto the right most lane of the two lanes road.

My car, SLP 6673S sensor sounded indicating that there is object (bus) too close to the car. I honked at the bus to stop but it continue to creep slowly into my lane. I had to stop the car to prevent a collision. Next moment, I heard a dragging sound and realized the bus had hit my car.

On hindsight, I believe the bus was trying to overtake a lorry temporarily parked near the gate of Temasek Secondary School, which is why it wanted to move onto the right lane. According to the bus driver, he thought I stop the car to give him way. He did not realize that I was stopping to avoid a collision and there was not enough room for him for him to maneuver away from my car, thus hitting my car.

Reported By

Ang Kim Hock

SLP6673S driver.

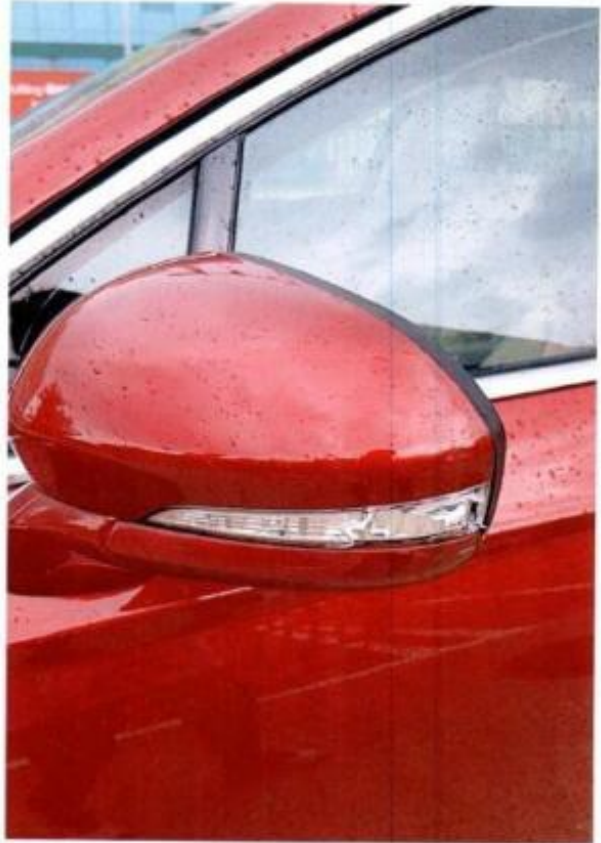
Handwritten signature in blue ink, followed by the date 06/05/2019.

Accident Photo



aw / 06/05/2019

Accident Photo



an 06/05/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16310211



Name

ANG KIM ROCK

李金福

Race

CHINESE

Date of Birth

23 - 04 - 1963

Country of Birth

SINGAPORE

Sex

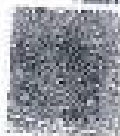
M

Signature

1+



001144 40



Identity S16310211

Expiry Date

29-09-2016

Printed Name
D. KALAN KALAN
201-23
SINGAPORE 400005

Driving License

