

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	03/05/2019 14:27
Date Of Accident	02/05/2019 13:15
Exact Location Of Accident	BLK 147 TAMPINES AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA8434G
Insured/Policyholder	
Name Of Registered Owner	CHUA HOCK THIAM ELVIS
NRIC No	S1602365E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83231110
Alternative Phone No	Office-83231110

Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	PRIVATE CAR

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800115486
Cover Note Number	

Driver	
Name of Driver	CHUA BOON CHYE, BENJAMIN (CAI WENCAI)
NRIC No	S8730925H
Date Of Birth	06/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2012
Driving Experience	7 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83231110
Fax Number	
Contact Number	OFFICE-83231110
EMail Address	NOEMAIL
Address	BLK 526A PASIR RIS STREET 51 #02-501
Postcode	511526
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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

REFER TO STATEMENT.

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	GX7603E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHUA BOON CHYE, BENJAMIN (CAI WENCAI)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLA8434G
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 used 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 Person's Signature
Name:
NRIC/FIN No.:

A hand-drawn diagram on grid paper showing a road layout. At the top, a horizontal line represents a road. Above this line, on the left, are two labels: (A) SLA 8434 G and (B) GX 7603 E. To the right of these labels are two vertical arrows, one pointing up and one pointing down. Further right, above the road line, is the text 'BLK 147' and 'Tampines Ave 5'. Below the top road line, there are two more horizontal lines. Between these two lines, there are three rectangular boxes with arrows pointing to the right, labeled 'A', 'B', and 'C' from left to right. Below these boxes, there are two more boxes labeled 'B3' and 'B2'. Box 'B3' is positioned between the two horizontal lines, with an arrow pointing down towards box 'B2'. Box 'B2' is positioned below the bottom horizontal line, with an arrow pointing up towards box 'B3'. The diagram also includes several diagonal lines and other markings that suggest a more complex road network or intersection.

On 02/05/2019 at about 1315 hrs at along Driveway at Open Car Park of Blk 147 Tampines Ave 5. I was travelling on the above mentioned driveway behind Vehicle (B) and came to a stop while giving way to Vehicle (B) to make a reversing parking onto the parallel parking lot on the Right side road. When Vehicle (B) had entered into the Car Park lot, as such I proceed forward. While doing so, Vehicle (B) made a quick left turn out from the lot without proper lookout and without cautious hence collided onto my Front Right Portion of my Vehicle (H) causing damages to my Vehicle.

DECLARATION

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

Reporting Centre Personnel Signature
Name:
NRIC/IN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

