

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	23/05/2019 17:50
Date Of Accident	23/05/2019 17:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH NEAR MACDONALD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9932D
Insured/Policyholder	
Name Of Registered Owner	GOH GEK QUEE
NRIC No	S7023268E
Email Address	91882268JULIET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91882268
Alternative Phone No	OTHERS-91882268

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	1800122355
Cover Note Number	

Driver

Name of Driver	GOH GEK QUEE
NRIC No	S7023268E
Date Of Birth	18/07/1970
Occupation	INDOOR
Date Of Driving Pass	10/09/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91882268
Fax Number	
Contact Number	OTHERS-91882268
Email Address	91882268JULIET@GMAIL.COM

Address	BLK 571B WOODLANDS AVENUE 1 #09-914
Postcode	732571
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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

ON 23/05/2019 AT ABOUT 17:15HRS I WAS AT JALAN BUKIT MERAH NEAR MACDONALD AND WAS STATIONARY WAIT FOR TRAFFIC LIGHT TO CHANGE SUDDENLY I FELT A BANG FROM THE REAR AND COME DOWN SAW A TAXI SHD9220G BANG ON TO THE REAR OF MY CAR SLT9932D.

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	SHD9220G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY WEE KENG(ZHENG WEIQING)
NRIC/Passport Number	S8221972B
Contact Number	94302445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

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: 28 MAY 2019
1805 HRS.

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

Reporting Centre Personnel's Signature
Name: 24/05/2019
NRIC/FIN No.: [Signature]

Sketch Plan #2


SKETCH PLAN	(SPR STATION) ALONG JALAN BUKIT MERAH
→	→
→	→
→	→
←	←
←	←
←	←
	<div style="display: flex; justify-content: space-around;"> <div>X</div> <div>A</div> <div>B</div> </div>
	<div style="display: flex; justify-content: space-between;"> <div></div> <div> <p>A) SLT 9932D</p> <p>B) SHD 9220G</p> </div> </div>
	(MACDONALD)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER SKETCHPLAN

DECLARATION

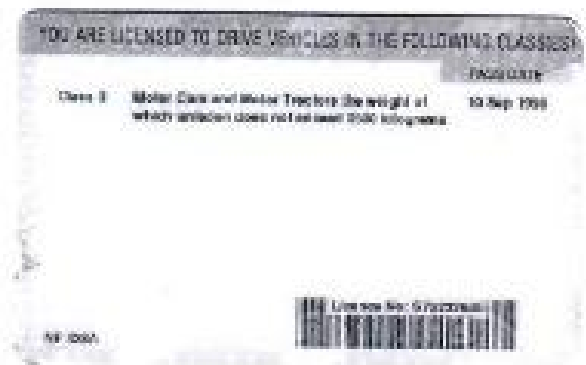
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 23 MAY 2019 180511G

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


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

Identification Card



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6324 0010 Fax (65) 6324 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UENI S662500200 / 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: 211144/9066851 Vehicle Registration No: SLT 9932D
Name (as shown in NRIC): Goh Gek Kwee NRIC/FIN/Passport No: S703268E
(*Vehicle Driver / Vehicle Owner *) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91882268
Email Address: _____
Date of Accident: 23/05/2018 Time of Accident: 17:15
Place of Accident: Along Jln Bukit Merah near Macdonald
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:

Insurance Vehicle Number 70 SLT 9932D

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pelle Wong
NRIC/FIN No.: 27051009
Date: