

## 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	27/05/2019 11:27
Date Of Accident	24/05/2019 15:30
Exact Location Of Accident	PIE EXIT TO EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4822H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAPPY WAY 123
Co Reg No	53355396B
Email Address	WAY.MEK@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-96207499

### Vehicle Particulars

Manufacturer	KIA
Model	NIRO HYBRID-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800033819-01
Cover Note Number	

### Driver

Name of Driver	ONG HONG WAY
NRIC No	S7966209G
Date Of Birth	01/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2009
Driving Experience	9 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96207499
Fax Number	
Contact Number	
EMail Address	WAY.MEK@GMAIL.COM
Address	BLK 316B PUNGGOL WAY #06-713 SINGAPORE
Postcode	822316
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?	
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)	2
Passenger 1	Name: : UNKNOWN Gender: : Male

#### 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

WHEN I WAS TRAVELLING ON PIE EXIT EUNOS, THE CAR IN FRONT OF ME SGT6999R WAS STOP IN FRONT OF ME, I TRY TO BRAKE BUT UNFORTUNATELY CANNOT STOP ON TIME.

#### 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	SGT6999R
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ZURI
NRIC/Passport Number	
Contact Number	90041334
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

CYCLE & CARRIAGE - PULCO		MOTOR ACCIDENT REPORT FORM	
<b>BASIC INFORMATION</b>			
Date of Report:		Time :	
Date of Accident:	24/05/19	Time : 15:30	
Exact Location of Accident:	PIE EXIT TO FUNGS		
<b>DETAILS OF OWN VEHICLE</b>			
Vehicle Registration Number:	SLM4892H	Name of Registered Owner:	HAPPY NAY W3
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	53355396B
<b>VEHICLE PARTICULARS</b>			
Manufacturer :	KIA	Model:	NIRO
Exact Purpose for which vehicle was being used at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
<b>INSURANCE DETAILS</b>			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1860033819-01		
Driver when the Accident Happen			
Name of Driver:	ONG HONG NAY	NRIC/Passport/Fin No.:	579662096
Date of Birth:	01/03/1979	Occupation :	GRAB DRIVER
Date of Driving Pass:	10/09/2009	Gender :	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96207469	Home No.:	
Address:	BLK 316B PUNGCO WAY #06-713 (S) Postal Code 600316		
Email Address :	WAY.MEK@EMAIL.COM		
Was the Driver an Employee of the Insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured (OWNER)		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company :			
<b>OTHER INFORMATION OF THE ACCIDENT</b>			
Type of Accident :	HEAD TO REAR		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Passengers(Including Driver) : 2		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was there any video captured by your Camera?: YES		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was there any audio recording?: NO		
Which Police Station:			
Was notice of Intended Prosecution given :			
<b>DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)</b>			
Vehicle Registration Number:	SG76999R	Name of Registered Owner :	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver :	ZUR1	NRIC/Passport/Fin No.:	
Mobile No.:	96041334	Home No.:	
Address:			
Email Address :			
Insurance Company :			
<b>Details of Passenger if any</b>			
Passenger Name:	UNKNOWN		
Contact Number:			
Gender	MALE		
<b>Details of Injured Person</b>			
Name :	Age :		
Address			
Injured Sustained :	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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## Sketch Plan #2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.



Policyholder's Signature

Date & Time: 11:43 am

22/5/19



Driver's Signature

(If driver is not the policyholder)

Date & Time: 11:45 am

22/5/19

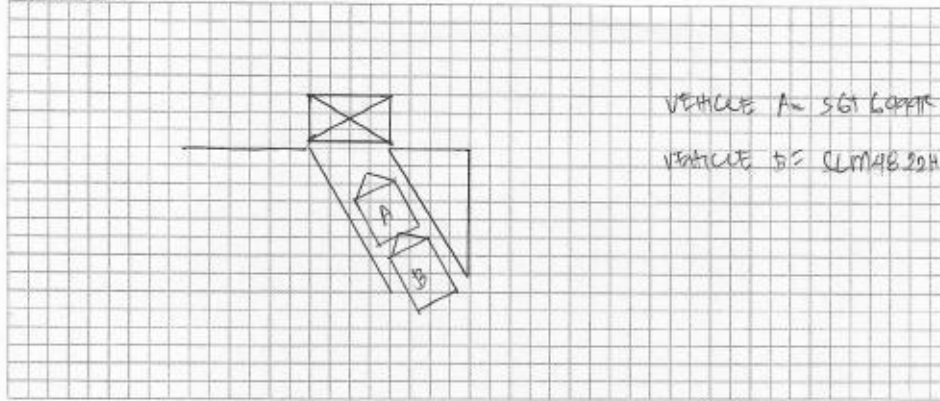


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling on PIE exit Euroc, the car in front of me SGT 6449R was stop in front of me, I try to brake but unfortunately cannot stop on time.

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

27/5/19

GIAR/MC SketchPlanForm\_V3

11:15 am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/5/19

11:15 am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

