

## 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 11:41
Date Of Accident	03/05/2019 08:15
Exact Location Of Accident	BUKIT TIMAH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7042L
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### Insured/Policyholder

Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66791146

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994370
Cover Note Number	30 JAN 2019 TO 05 NOV 2019

### Driver

Name of Driver	CHING WEE TIONG (ZHUANG HUIZHONG)
NRIC No	S7831261J
Date Of Birth	20/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2007
Driving Experience	12 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82329357
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 107 BUKIT PURMEI ROAD #08-43
Postcode	090107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	Name: : PASSENGER Gender: : Female
Passenger 2	Name: : PASSENGER Gender: : Female

#### 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 ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP8943L
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Vehicle Make/Model/Colour  
Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDWARD S/O MATHEW THOMAS

NRIC/Passport Number

Contact Number

82329357

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

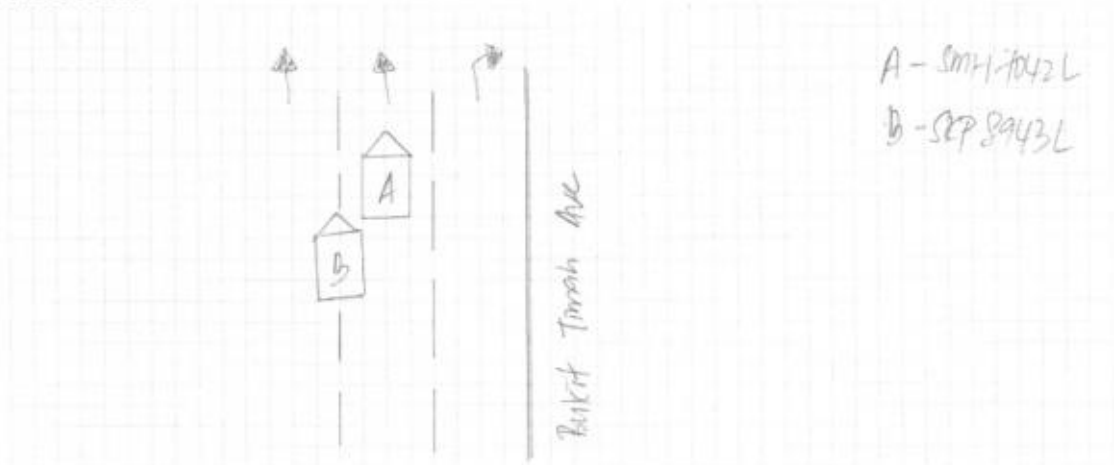
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03/09/2019



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

## Sketch Plan #2

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE 03/05/2019, AROUND 08:16 AM I HAD AN ACCIDENT WITH THE CAR PLATE OF SKP 8943L AT BUKIT TIMAH AVE TOWARDS BUKIT PANJANG, I WAS DRIVING TOWARDS AT THAT TIME GOT 2 PAX ON BOARD GOING TO WOODLANDS. AS GOT TO THE PIE TO STOP. ALL CAR TO PIE GOT TO KEEP RIGHT AS NOTICE GOT A CAR THAT IS THE CAR SKP 8943L WAS STOPPING (STATIONARY) NOT MOVING AT ALL AS ALL CARS WAS ~~HONKING~~ HONKING AT THE CAR. SKP 8943L HAD A DISTANCE TO TRAFFIC LIGHT IF HE DON'T MOVE BEHIND CAR CANNOT MOVE OR ~~OTHER~~ EITHER OVERTAKE OR WAIT. SOME OF THE CAR IN FRONT ME WOULD TO OVERTAKE AS WE CANNOT SEE WHAT IS GOING IN FRONT, WHEN I OVERTAKE I NOTICE THE DRIVER LIKE DIE IN THE CAR CAUSE MANY CAR HONE SO LOUD THE DRIVER DIDN'T HEARD IT!!! SO I TOLD MY PAX. I GO CHECK THE DRIVER SEE WHAT GOING ON AS THE PAX SAY GO AHEAD. WHEN I WALK TOWARDS THE CAR, THE CAR BEHIND GOT ONE LORRY THE DRIVER ALSO GOT DOWN AND CHECK WHAT IS GOING TOO. I SAW THE LORRY, DRIVER KNOCK ON THE DRIVER WINDOW AND THE SKP 8943L DRIVER HEAD SLOWLY RAISE UP SO I WALK BACK MY CAR. WHEN I INSIDE THE CAR I SEE MY REAR MIRROR THE CAR SKP 8943L SLOWLY MOVE FORWARD AND BACK MY CAR. AFTER THAT WE RYCHANGA PARTICULAR. PLEASE WATCH THE VIDEO, IT WILL BE MORE CLEARER.

Thank you; Jimmy Ling

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:



## Driving License



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





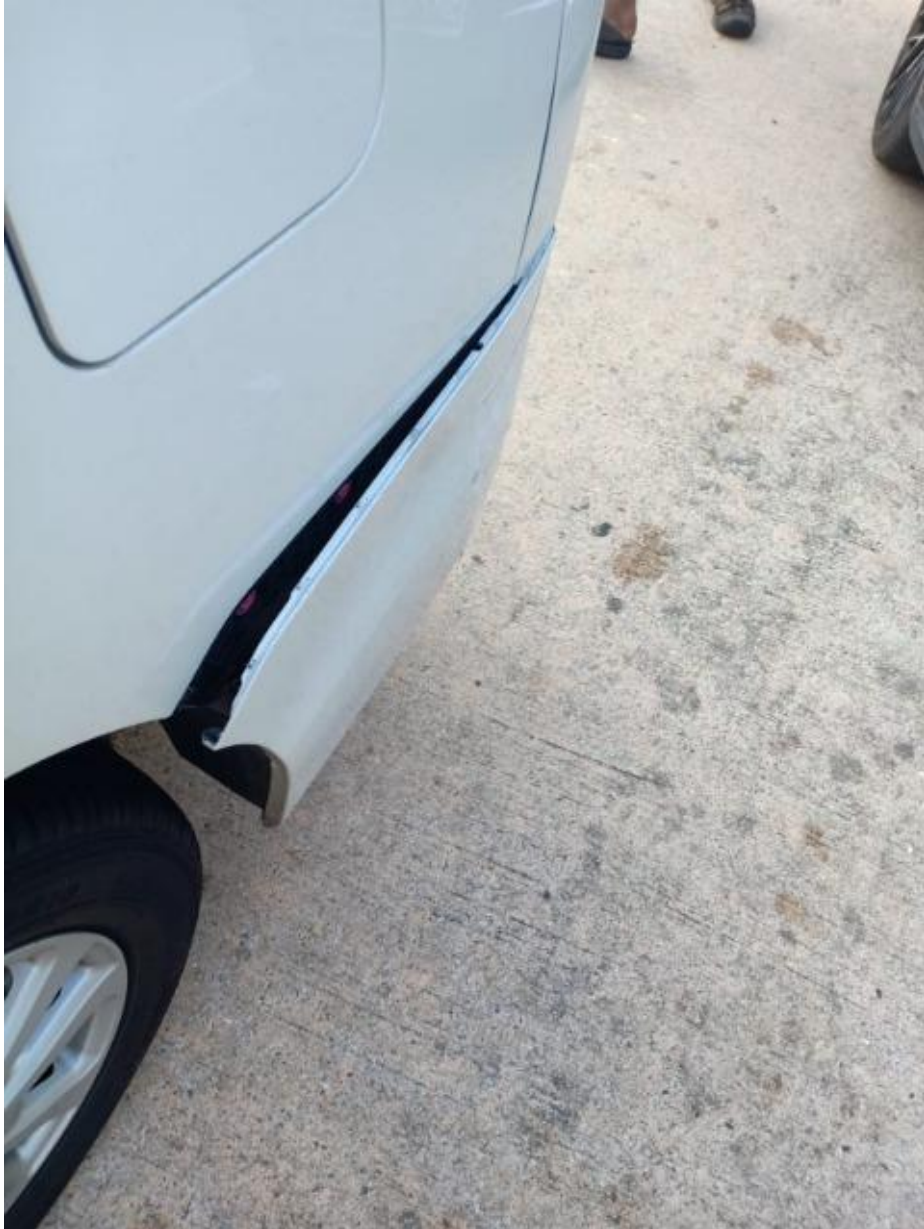
Accident Photo



Accident Photo



Accident Photo



Accident Photo

