

## 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	24/06/2019 10:29
Date Of Accident	24/06/2019 09:35
Exact Location Of Accident	ALONG SIN MING LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8267A
Insured/Policyholder	
Name Of Registered Owner	PRO-MATRIX PTE LTD
Co Reg No	200007857H
Email Address	JANE.LIE@PROMATRIX.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67996900
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	2100414710-04
Cover Note Number	
Driver	
Name of Driver	ZIN KO OO
Passport No/FIN	G6901866T
Date Of Birth	30/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98613191
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	C/O BLK 26 SIN MING LANE #04-117 MIDVIEW VIEW
Postcode	573971
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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)	5
Passenger 1	NAME: : SI THU TUN GENDER: : MALE
Passenger 2	NAME: : ANTHONY GENDER: : MALE
Passenger 3	NAME: : PRABHA GENDER: : MALE
Passenger 4	NAME: : GUNA 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

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	SHA9722R
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	BENJAMIN TAN TONG HAN
NRIC/Passport Number	S7633030A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**


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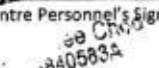
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

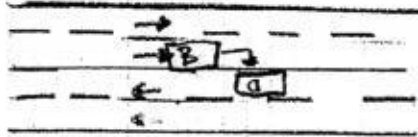
  
Policyholder's Signature  
Date & Time:  
24 JUN 2019  
10:29 AM

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
24 JUN 2019  
10:29 AM

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 8405832

**Sketch Plan Pg. 2**

### SKETCH PLAN



A - GBD 82 67A

B-SHA 9722R

24-06-2019 # 09:38 AM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Was driving along Sin Ming lane and a taxi illegally make a u-turn and hit my van on the right side of the driver.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date & Time:

24 JUN 2019



Driver's Signature

(If driver is not the policyholder)

Date & Time: **24 JUN 2019**

Reporting Centre Personnel: Choo, Choo, Choo

Name:

NRIC/FIN No.: