

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	03/07/2019 18:24
Date Of Accident	02/07/2019 13:00
Exact Location Of Accident	TAMPINES AVE 2 FILTERING INTO TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9295A
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81641811
Alternative Phone No	Office-81641811

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA-1.6 H (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	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	999994322
Cover Note Number	

Driver

Name of Driver	WONG ANN FEI
NRIC No	S7399081E
Date Of Birth	14/10/1973
Occupation	INDOOR
Date Of Driving Pass	09/04/2000
Driving Experience	19 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96759292
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	APT BLK 220A BEDOK CENTRAL #15-54 SINGAPORE
Postcode	461220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	NO
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

Please refer to the attachment for the circumstance of accident

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5332H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOY BOON LOW
NRIC/Passport Number	S1232060D
Contact Number	96338004

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

REPORTING ONLY.

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE NO: 963 4245A
 POLICE OFFICER: THOMPSON AND 2 FILIPINO INTO THOMPSON AND 5
 DATE: 02-01-19 TIME: 13:00 HRS
 3RD PARTY VEHICLE NO: SLP 5332H
 3RD PARTY DRIVER: MONTY BOON LOO S13327600
 HP: 96338004

AT THE FUDGE LANE FROM THOMPSON AND 2 TO AND 5,
 VEHICLE A (SLP 5332H) TURNED TO MOVE BUT
 JAMMED BEHIND A (SLP 5332H). I QUICKLY APPLIED MY BRAKES
 BUT STILL SLIPPED INTO SLP 5332H.

DECLARATION
 (We declare the foregoing particulars are true in every respect.)

Policyholder's Signature _____ Date & Time: 02-01-19

Driver's Signature _____ Date & Time: 02-01-19

Reporting Centre Personnel's Signature _____ Name: HP 96338004

Reporting Centre Personnel's No: _____

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **ACCIDENT** the details of the accident or event on the claims process.
2. This form must be completed by the **POLICYHOLDER** and/or the **AUTHORIZED DRIVER**.
3. Information provided must be as **TRUTHFUL** and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to **REScind** the policy.
4. This form and completion of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **ANY INFO OBTAINED FROM THIS REPORT IS FOR INVESTIGATION PURPOSES ONLY.**
6. The report will be forwarded by the insurers of the GIA Research Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. In the judgment of this report to the insurers, you hereby consent to the archiving of this report in the centre and to copies of the report being made for use as evidence.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my working and the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose and/or process my personal data/personal information as 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 insurers who have insurance policies involved in this accident (all insurers who have policies which are involved in this accident shall be collectively referred to as the "Insurers"), the Insurer's Intermediary, the Monetary Authority of Singapore and any relevant government agency/subsidiary (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 claim;
(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 vehicles involved in this accident and the insurer's agent/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/are 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 cited 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: 02.07.19

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card & Driving License

