

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	24/07/2019 16:49
Date Of Accident	24/07/2019 05:35
Exact Location Of Accident	CORPORATION ROAD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6338H
Insured/Policyholder	
Name Of Registered Owner	CHUA SIEW HUI (CAI XIUHUI)
NRIC No	S7435470Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98459291
Alternative Phone No	OFFICE-98459291

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180

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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100483003
Cover Note Number	

Driver

Name of Driver	CHUA SIEW HUI (CAI XIUHUI)
NRIC No	S7435470Z
Date Of Birth	29/10/1974
Occupation	INDOOR
Date Of Driving Pass	30/08/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98459291
Fax Number	
Contact Number	OFFICE-98459291
E-Mail Address	NOEMAIL

Address	BLK 80 CORPORATION RD #04-02
Postcode	649819
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

MY CAR SLOWED DOWN AND CAME TO A COMPLETE STOP STATIONARY. LOOKING OUT ON-COMING CAR CLEAR BEFORE EXIT TO MAIN ROAD. ALL OF SUDDEN, CAR B (SHA9171E) COLLIDED MY REAR. I HAVE INCAR CAMERA TO PROOF.

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	SHA9171E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH HUAN LIM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident

24/07/19

Time Of Accident

Exact Location Of Accident

Corporation Road towards A.Y.E

Country/State of Loss

Singapore/Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG 6338 H

Insured/Policyholder

Name Of Registered Owner

Ms Chua Siew Hui

NRIC No

574354702

Email Address

Mobile Phone No

9845 9291

Alternative Phone No

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

B180

Exact Purpose for which vehicle was being used at time of accident

Private use ☒ Commercial use ☐ Hire & reward ☐

Others - Please specify

Are you claiming under your own insurance policy for repair to your vehicle?

Yes ☐ No ☒ Other

If No, Please state action to be taken

Third Party Claim ☒ Reporting Only ☐

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AIG

Type Of Coverage

Comprehensive

Others

Fleet Policy

Yes ☐ No ☒

Policy Number

2100483003

Cover Note Number

Driver

Name of Driver

Ms Chua Siew Hui

NRIC No

57435702

Date Of Birth

29/10/1974

Occupation

Indoor ☒ Outdoor ☐

Date Of Driving Pass

30/08/1995

Driving Experience

Gender

Male ☐ Female ☒

Mobile Number

9845 9291

Fax Number

Contact Number

Email Address

Address

B180 Corporation Road #04-02

Postcode

649819

Was driver an employee of the Insured's Company

Yes ☐ No ☒

If No, Relationship of the Driver with the Insured

Owner ☒ Paid Driver ☐ Relative ☐ Friend ☐ Parent ☐
Spouse ☐ Children ☐ Sibling ☐ Other: _____

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Clear ☒ Raining ☐ Others ☐

Road Surface

Dry ☒ Wet ☐ Others ☐

Details of Injured Persons

Was anybody injured in the Accident?

No ☐ Yes ☒

Name

Address

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

No ☐ Yes ☒

Was injured conveyed to hospital by ambulance?

No ☐ Yes ☐

Other Information

Was any foreign vehicle involved in this accident?

No ☒ Yes ☐

Number of vehicles involved in the accident

Was any other material or property damaged?

No ☒ Yes ☐

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

No ☒ Yes ☐

Number of Passengers (Including Driver)

Passenger 1

Male ☐ Female ☐

Passenger 2

Male ☐ Female ☐

Passenger 3

Male ☐ Female ☐

Passenger 4

Male ☐ Female ☐

Passenger 5

Male ☐ Female ☐

Details of Police Action

Was the accident reported to the police?

No ☒ Yes ☐

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No ☒ Yes ☐

NO If Yes, against whom?

Circumstances of Accident

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Attachment (s)

Are accident photos available for attachment?

No ☒ Yes ☐

Was there any video captured by Car Camera?

No ☐ Yes ☐

Was there any audio recorded?

No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA 9171 E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

Mr Goh Huan Lim

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

N.A.

Details of Witness

Was there any witness?

No ☐ Yes ☐

Name

Phone Number

Email Address

N.A.

SKETCH PLAN

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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.



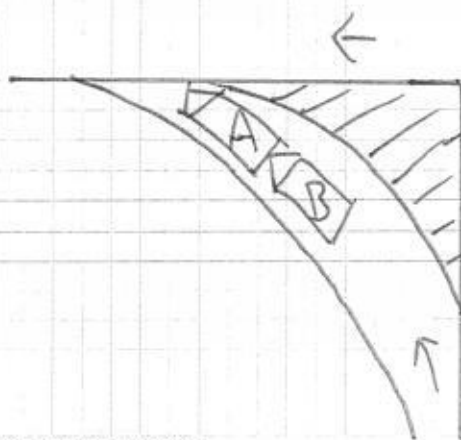
Policyholder's Signature
Date & Time

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

 24/07/19

Reporting Centre Personnel's
Name: Alan Quah

SKETCH PLAN



(A) SLG 6338 H

(B) SHA 9171 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① (A) vehicle slow down and come to a complete stop stationary.
- ② looking out on coming car clear before exit to main road.
- ③ All of sudden (B) vehicle collided my rear.
- ④ I have in car camera to proof.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's
Name: Alan Quok

24/07/19