

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	02/07/2019 12:22
Date Of Accident	29/06/2019 18:40
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4030P
Insured/Policyholder	
Name Of Registered Owner	TRANS LEASING PTE LTD
Co Reg No	201603575K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93691265

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 (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	NO
Policy Number	SMM4030P
Cover Note Number	

Driver

Name of Driver	THAM KEI YEUNG
NRIC No	S7214773A
Date Of Birth	18/04/1972
Occupation	INDOOR
Date Of Driving Pass	22/10/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83551668
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 38 TELOK BLANGAH RISE #04-339 SINGAPORE
Postcode	090038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	4
Passenger 1	NAME: : JASON GENDER: : MALE
Passenger 2	NAME: : KIM GENDER: : FEMALE
Passenger 3	NAME: : CEC 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 Witness 1

Name	JASON
Phone Number	83797190
Email Address	

Details of Witness 2

Name	KIM
Phone Number	82392763

Email Address

Details of Witness 3

Name	CEC
Phone Number	90883399
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH7168D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG GUAT ENG
NRIC/Passport Number	S2706443D
Contact Number	97341153
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:

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

Sketch Plan #2

SKETCH PLAN

	Vehicle A - SM114030P B - SGH7168D
	Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/6/2019, Around 6:42pm. I was driving along Bros Bosch Road with my 3 passenger customer. It was traffic heavy at the time due to road block in front on lane 1. I was driving on lane 2. I did give way for a few vehicle filter from right lane (lane 1). That was a van slow down after filter into my lane, so I follow to slow down. Suddenly, I felt an impact from my car rear right portion. I then realise that was a car B (SGH7168D) trying to filter from lane 1 and knock onto my car.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DRIVER NRIC & LICENSE

SMM 4030P

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7214773A**

Name: **THAM KEI YEUNG**

Birth Date: **18 Apr 1972**

Issue Date: **18 Aug 2008**

Barcode: 0010000100A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7214773A

Name: **THAM KEI YEUNG**

Chinese Name: **譚金揚**

Race: **CHINESE**

Date of birth: **18-04-1972**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Barcode: 07214773A

Land Transport Authority

VOCATIONAL LICENCE

License No: **S7214773A**

Name: **THAM KEI YEUNG**

Issue Date: **16/08/2013**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE: **22 Oct 2015**

License No: **S7214773A**

Barcode: 0010000100A

5548362

Barcode: 0010000100A

License No: **S7214773A**

Date of issue: **08-01-2016**

Address: **APT BLK 38 TELOK BLANGAH WSE
#04-388
SINGAPORE 090038**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	16/08/2013

POVL/TDVL
S7214773A
259774

Barcode: 0010000100A