

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	13/08/2019 16:10
Date Of Accident	11/08/2019 20:40
Exact Location Of Accident	DRIVEWAY HOUGANG AVE 1 BLK 174A TO BLK 174D
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3470A
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	999994387
Cover Note Number	

Driver

Name of Driver	GAN KIM SAN(YAN JINSHAN)
NRIC No	S7607536J
Date Of Birth	08/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88371072
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 724 JURONG WEST ST 72 #12-11
Postcode	640724
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 - 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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6874P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GAN KIM SAN(YAN JINSHAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKX3470A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.

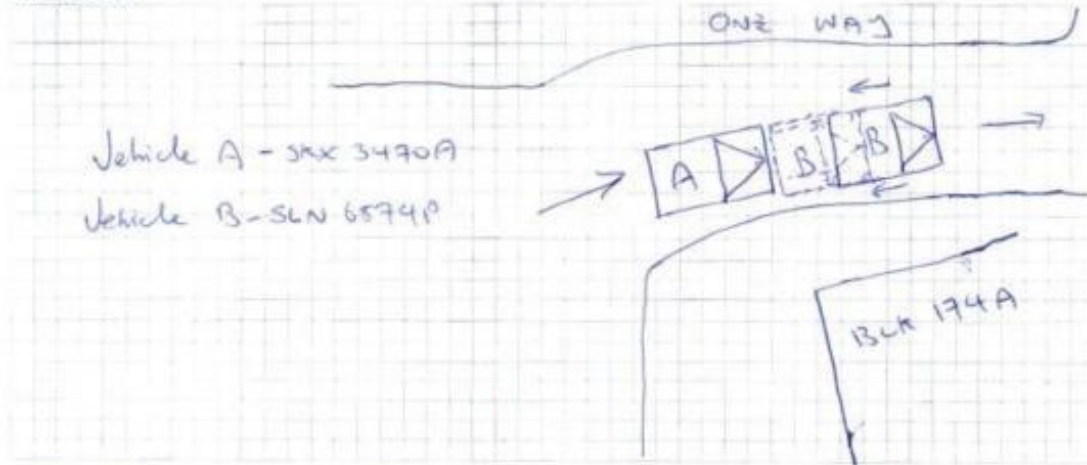

Policyholder's Signature
Date & Time:


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

 13/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the drive way of (HGHG 99) Estate of Blk 174 A - 174 D of Hongkong Ave 1. It was a single lane single way.

While I driving toward the exit Gantry of the estate. I notice a vehicle was stopping infront near to the gantry exit. So I was stopped with a distance away. Suddenly I noticed the vehicle infront engaged to the reverse gear and started to reverse in a very fast speed. So immediately I press on my horn to warn the driver infront that I was at the back of his vehicle. But nevertheless with my effort, eventually the vehicle reversed and hit into the front portion of my vehicle.

The whole accident footage was captured showing vehicle with licence plate number (SLN 6874P) reversed and hit onto my vehicle at the Estate of (HGHG 99).

Vehicle A - SKX 3470A
Vehicle B - SLN 6874P

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:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: S7607536J

Name: QAN KIM SAN (YAN JINSHAN)

For LKK/NAC Use Only

Issue Date: 06 Apr 2008

RENEWED

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S7607536J

Name: QAN KIM SAN (YAN JINSHAN)

For LKK/NAC Use Only

Sex: JR

Race: CHINESE

Date of birth: 00-03-1976

Country of birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7607536J

Name: QAN KIM SAN

For LKK/NAC Use Only

Card Issue Date: 07/03/2018

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 1	Motor cars up to 3500 kg with less than 7 passengers, maximum of two drives and motor motorcycles up to 200 kg	06 Apr 2008
Class 2	Motor vehicles with less than 7 passengers up to 3500 kg	06 Apr 2008
Class 3	Motor vehicles up to 3500 kg with passenger capacity up to 12	11 May 2009

For LKK/NAC Use Only

LP No: 0000107002

Licence No: S7607536J

NP 4202

Barcode

Vehicle No: S7607536J

For LKK/NAC Use Only

Date of issue: 02-03-2008

APT 8/8 724 JURONG WEST STREET 72 #12-11 SINGAPORE 646724

LP No: S7607536J Date: 01/03/2008

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA, on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575001.

Type	Description	Issue Date
12	TAXI V1	20/03/2012

For LKK/NAC Use Only

