

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	15/08/2019 12:33
Date Of Accident	14/08/2019 18:30
Exact Location Of Accident	ALONG ROAD 1PIE SLIP RD INTO PIE CITY AFTER TURIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8411L
Insured/Policyholder	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	201533654Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87783636
Alternative Phone No	OFFICE-87783636

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GO JEK
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	THIRD PARTY
Fleet Policy	YES
Policy Number	999994248
Cover Note Number	

Driver

Name of Driver	LOO CHEE MING
NRIC No	S6841044D
Date Of Birth	30/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83324660
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 425 CLEMENTI AVE 1 #14-289
Postcode	120425
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 14/08/2019 AT ABOUT 1830HRS WHEN I WAS DRIVING INTO THE SLIP ROAD OF PIE HEADING TOWARDS CITY AFTER TURNING RIGHT FROM JALAN BAHAR, AFTER THE MERGING LANE I FELT AN IMPACT FROM THE REAR OF MY VEHICLE,. I APPLIED BRAKED AND STOPPED MY VEHICLE AND THROUGH THE REAR MIRROR AND I SAW ONE BLACK VEHICLE BEHIND ME. SO I TURNED ON HAZARD LIGHT AND MOVED TO THE ROAD SHOULDER. THE VEHICLE WHO HIT ME FOLLOWED ME AND STOPPED AT THE ROAD SHOULDER. BOTH OF US ALIGHTED FROM THE VEHICLE AND WE CHECKED ON THE DAMAGE OF THE VEHICLE. I HAD CHECKED AT MY VEHICLE, SKJ8411L AND DISCOVERED THE REAR BUMPER OF MY VEHICLE IS SERIOUSLY DAMAGED AND THE BUMPER TO THE OTHER VEHICLE SLB6249H WAS SLIGHTLY DAMAGED. WE EXCHANGED OUR PARTICULARS AND LEFT THE LOCATION. I HAD CHECKED WITH MY PASSENGER AND SHE INFORMED SHE FELT PAIN AT HER BACK AND WILL BE SEEKING MEDICAL TREATMENT. I FELT SORE AT MY BACK THUS I WENT FOR MEDICAL AT MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 3 DAYS OF MC. I HAD CHECKED WITH THE OTHER DRIVER AND HE INFORMED HE IS FINE.

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	SLB6249H
-----------------------------	----------

Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RUHAIDI BIN HASSAN
NRIC/Passport Number	S7702969I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOO CHEE MING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKJ8411L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN ALONG JALAN BAHAR right turn SLP ROAD towards PIE (CITY)

JALAN BAHAR

VEHICLE A: SKJ8411Z

VEHICLE B: SLB6249H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to POLICE REPORT NO. T/20190815/1212

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

TOTRUST LEASING PTE. LTD.

BRN: 201533654Z

210 Turf Club Road, Lot - C3

The Grandstand Car Mall

Singapore 257995

Policyholder's signature 60109

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Accident Sketch Plan

SKETCH PLAN

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. The 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 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.

AUTOTRUST LEASING PTE. LTD.

BRN: 201533654Z

210 Turf Club Road, Lot - C3

The Grandstand Car Mall

Singapore 287995

Tel: 64661009 Fax: 64660100

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.: