

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	10/08/2019 11:04
Date Of Accident	08/08/2019 19:20
Exact Location Of Accident	PIE TOWARDS TUAS AFTER EXIT 19
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5607L
Insured/Policyholder	
Name Of Registered Owner	UNITED SCIENTIFIC EQUIPMENT PTE LTD
Co Reg No	A198702125K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97330165

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100494618-02
Cover Note Number	

Driver

Name of Driver	ABDUL GHANI BIN JOKI
NRIC No	S0140565I
Date Of Birth	03/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1993
Driving Experience	26 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98362511
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	410 SAUJANA ROAD #03-108
Postcode	670410
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : MUHAMMAD HAZWAN Gender: : Male
Passenger 2	Name: : NUR HASYIMAH Gender: : Female
Passenger 3	Name: : KAMISAH 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 THE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Vehicle Registration Number	SLN155X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TAN YONG HOO(CHEN YONGHE)
NRIC/Passport Number	
Contact Number	83222993
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Vehicle No: GBF5607L

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8. Consent under the Personal Data Protection Act (PDPA)

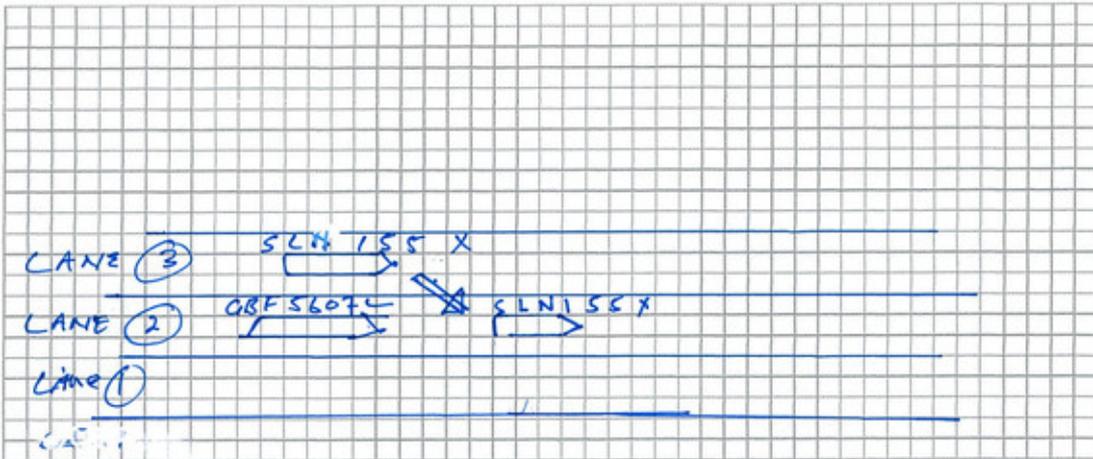
I understand, acknowledge, agree and consent that:

- (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: <u>13/8/19</u>	 Driver's Signature Date & Time: _____	 Reporting Centre Personnel's Signature Name: _____ NRIC/FIN No.: _____
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UNITED SCIENTIFIC EQUIPMENT PTE LTD
 48 TOH GUAN ROAD EAST
 #09-97 ENTERPRISE HUB
 SINGAPORE 608586
 TEL: 6472 2711 FAX: 6473 4145
 EMAIL: use@united.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: GBF5607L

Accident Location: PIE towards Tuas after Exit 19 (near Mount Pleasant Flyover)

Accident Date: 08/08/2019

Time: 7.20 am/pm

- Brief Details Of Accident -

I was driving from PIE towards tuas in lane 2 at 70km/hr.
 Immediately after Exit 19 (near Mount Pleasant Flyover), I saw a car was moving from lane 3 to lane 2 smoothly but the car suddenly stopped without giving any notice or signal. The sudden stopped made me to jam break my vehicle. I lightly hit (lightly kiss) the car.
 The driver claimed that his car was heavily scratch (immediately point the scratch) but there isn't any scratch because I only hit the car lightly (photo was taken).

- Other Vehicle Involve Details -

(B) Veh No: SLN155X Hp: 83222993 Pax: Driver Name: TAN YONG HOO (CHEN YONG HE)

(C) Veh No: Hp: Pax: Driver Name:

DECLARATION

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

UNITED SCIENTIFIC EQUIPMENT PTE LTD
 48 TOH GUAN ROAD EAST
 #09-97 ENTERPRISE HUB
 SINGAPORE 608596
 TEL: 6472 2711 FAX: 6473 4145
 EMAIL: use@united.com.sg

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

