

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 12:15
Date Of Accident	14/08/2019 17:00
Exact Location Of Accident	ALONG PETIR RD TURNING INTO DAIRY FARM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2721K
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	

Driver

Name of Driver	ONG JUN KAI , SIMON (WANG JUNKAI)
NRIC No	S8637709H
Date Of Birth	25/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2013
Driving Experience	5 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98327045
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 531 JELAPANG RD #03-13
Postcode	670531
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?	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

ON 14/8/2019 AROUND 1700HRS .I WAS TRAVELLING ALONG PETIR RD TURNING INTO DAIRY FARM RD . VEHICLE B WHO WAS TRAVELLING INFRONT OF ME SUDDENLY STOPPED . I COULDN'T STOP IN TIME AND HIT VEHICLE B FROM THE REAR .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE IS TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5216B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH KOK KIANG

NRIC/Passport Number	S7121835Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 regulate 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.


Policyholder's Signature

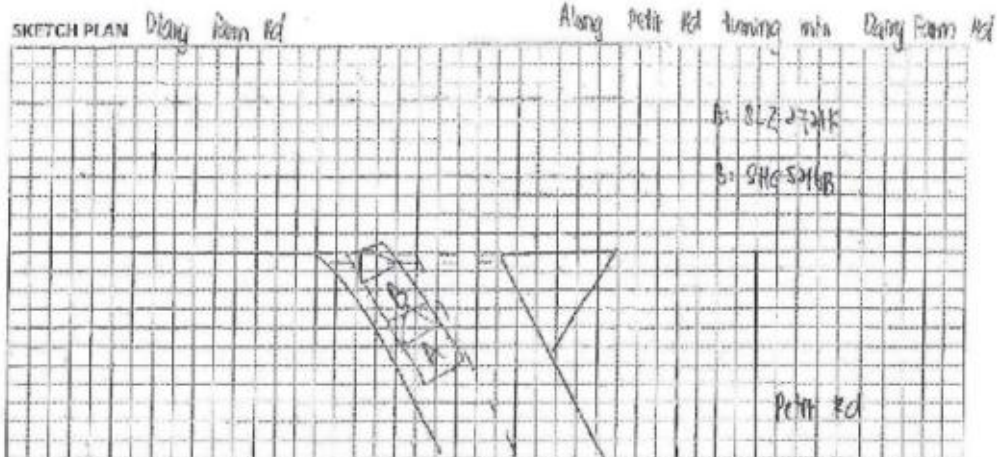
Date & Time:


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

Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



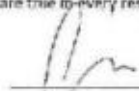
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

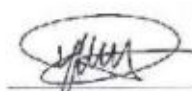
On 14/8/2019 around 17:00hrs. I was travelling along Petir road turning into Daisy Farm Rd. vehicle B who was travelling in front of me suddenly stopped. I couldn't stop in time and hit vehicle B from the rear.

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)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRAC/IN No:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8637709H



Name
ONG JUN KAI, SIMON
(WANG JUNKAI)
王俊凱

Race
CHINESE

Date of birth
25-12-1986

Country/Place of birth
SINGAPORE

Sex
M

S8637709H

REPUBLIC OF SINGAPORE
Identity Card No. S8637709H




Name
ONG JUN KAI, SIMON
(WANG JUNKAI)

Date of birth
25 Dec 1986

Date of issue
18 Dec 2013



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8637709H

Name : ONG JUN KAI, SIMON (WANG JUNKAI)

Card Issue Date : 09/01/2018

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



NRIC No. S8637709H



Date of issue
01-07-2017

Address
APT BLK 831 JELAPANG ROAD
#03-13
SINGAPORE 870531

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

EFFECTIVE DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles >= 2000kg 18 Dec 2013

Licence No. S8637709H

NP 428A

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 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	09/01/2018



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

