

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	26/08/2019 13:18
Date Of Accident	24/08/2019 09:55
Exact Location Of Accident	BKE TWDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB5740Z
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC (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 CAR

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

Driver	
Name of Driver	CHIN KUO KUANG (CHEN GUO GUANG)
NRIC No	S7533320Z
Date Of Birth	03/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1993
Driving Experience	25 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97722617
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 450 BUKIT PANJANG RING ROAD #14-597
Postcode	670450
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	CHAIN COLLISION
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	4
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

I WAS TRAVELLING ON BKE TOWARDS ON BKE TOWARDS PIE , DUE TO THE HEAVY TRAFFIC FLOW , MY VEHICLE STOPPED TO A NEAR STATIONARY POSITION BEHIND VEHICLE B . SUDDENLY I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE . WE GOT DOWN TO EXCHANGE PARTICULARS AND WAS KNOWN THAT VEHICLE D CAUSED THE COLLISION . VIDEO FOOTAGE WAS CAPTURED ON DASH-CAM .

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	GBC4693J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SZE

NRIC/Passport Number	G7194518P
Contact Number	92362584
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF1110Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY
NRIC/Passport Number	G5242401T
Contact Number	81231548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG5624G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE JIAN WAH
NRIC/Passport Number	G8052430M
Contact Number	88261669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

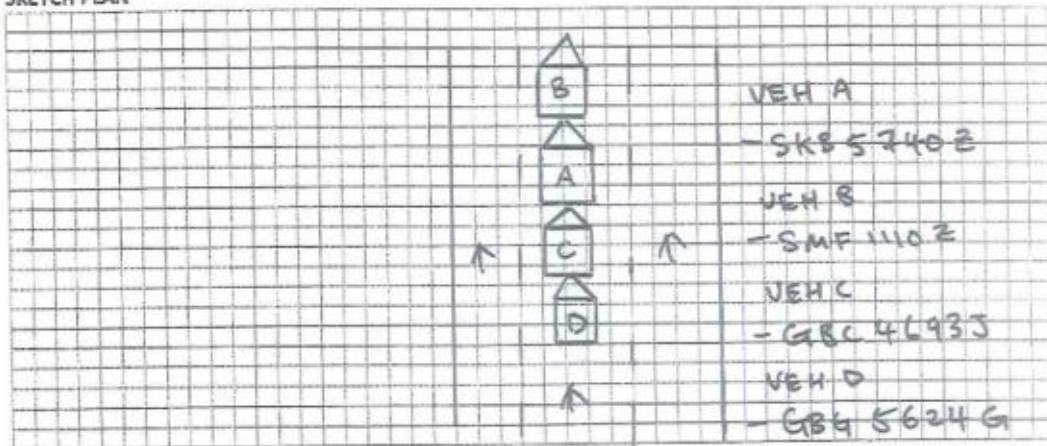
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name: MAH SIEW HSIUNG
NRIC/FIN No.: S8208788E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on BKE towards PIE, due to the heavy traffic flow, my vehicle stopped to near a stationary position behind Vehicle B. Suddenly I felt an impact from the rear portion of my vehicle. We got down to exchange particulars and was known that Vehicle D caused the collision.

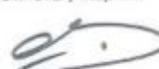
Video footage was captured on dash-cam


DECLARATION

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

Policyholder's Signature
Date & Time:

SIARMC SketchPlanForm_V3

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


Reporting Centre Personnel's Signature
Name: MAN SIEW HSIUNG
NRIC/FIN No.: 88208788E

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7533320Z**

Name: **CHIN KUO KUANG (CHEN GUOGUANG)**

Birth Date: **03 Nov 1975**

Issue Date: **26 Jul 2003**

10006778100



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7533320Z**

Name: **CHIN KUO KUANG (CHEN GUOGUANG)**

陈国光

Race: **CHINESE**

Date of Birth: **03-11-1975**

Sex: **M**

Country of Birth: **SINGAPORE**




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

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Sep 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Aug 1998
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	28 Dec 1998

NP 478A

License No: **S7533320Z**



3850718

NPIC No: **S7533320Z**

APR 2004

Resid Group: **O+**

Date of Issue: **14-12-1999**

APT BLK 450 BUKIT PANJANG RING ROAD #14-597 SINGAPORE 670450

NPIC No: **S7533320Z**

Date: **06-12-2003**

No: **4835633**



Accident Photo



Accident Photo



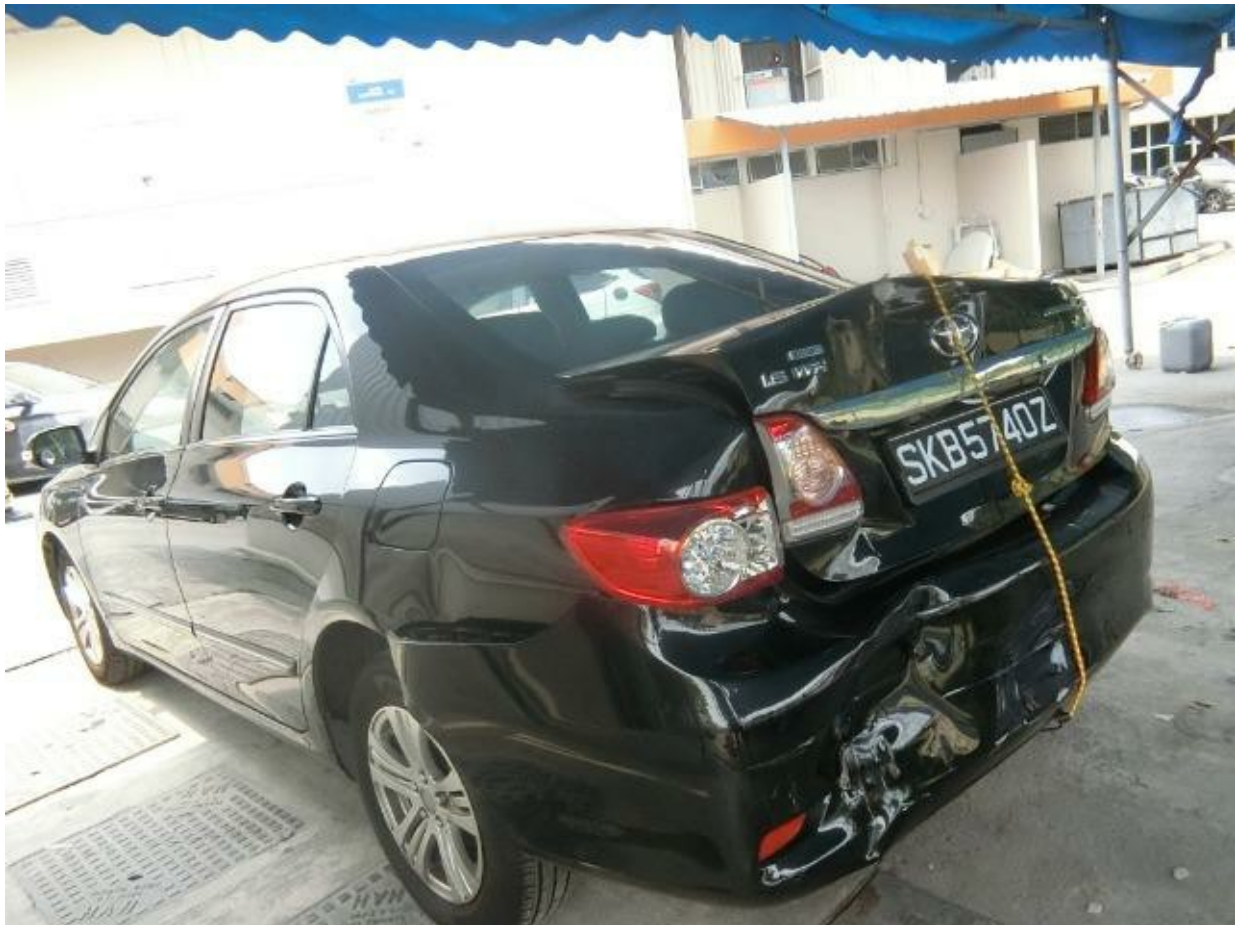
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