

## 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	11/04/2019 10:51
Date Of Accident	10/04/2019 15:50
Exact Location Of Accident	KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5482Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOXON ENGINEERING PTE LTD
Co Reg No	198905477R
Email Address	JUSTIN@DOXON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65422777

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.6 DX (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700046288-01
Cover Note Number	

### Driver

Name of Driver	NG JUN XIONG,JUSTIN
NRIC No	S9002672J
Date Of Birth	24/01/1990
Occupation	INDOOR
Date Of Driving Pass	31/10/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96712871
Fax Number	
Contact Number	
EMail Address	JUSTIN@DOXON.COM.SG

Address	APT BLK 699C HOUGANG STREET 52 #14-39
Postcode	533699
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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

SEE ATTACHED SKETCH PLAN

#### 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	SLV8015Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIOW HIN SOON
NRIC/Passport Number	G2133153N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

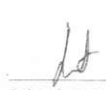

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#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

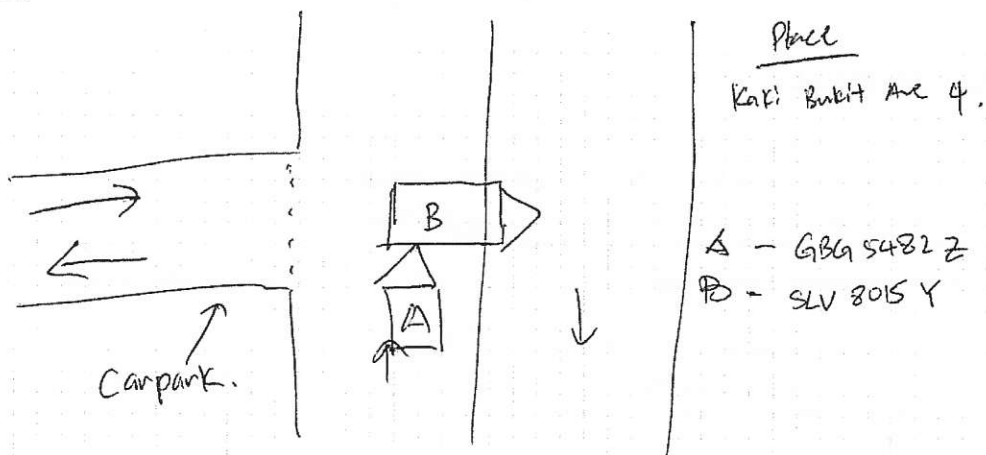
\*    
Policyholder's Signature  
Date & Time: 11/04/2019 10:00

\*    
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/04/2019 10:00

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 62462824L

EVOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408625  
TEL: 6490 9113 FAX: 6346 7400

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) The road car A is travelling is clear of traffic
- 2) There is a car from opposite direction ~~from~~ turning into the carpark, and meanwhile car B exit from the car park and stop ~~at~~ in the middle lane - (Driver's view of Car A is being blocked by the other car)
- 3) Driver A stopped on brakes and honked several times to signal Car B to move ~~out~~ away.
- ~~4) Car B did not move as there is no room.~~
- 4) Car B did not move at all blocking the direction of car A.
- 5) Car A ~~did~~ cannot stop ~~despite~~ in time despite efforts of braking.  
(The road is downslippy & raining at that time)


## 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: \_\_\_\_\_



RESOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD  
SINGAPORE 408623  
TEL: 6460 9266 FAX: 6346 7483

Reporting Centre Personnel's Signature  
Name: EMILY ALFORD  
NRIC/FIN No.: 624628241