### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 witholding 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 inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	17/09/2019 10:13				
Date Of Accident	16/09/2019 08:25				
Exact Location Of Accident	PUNGGOL ROAD AFTER BUANGKOK DRIVE JUNCTION				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLM4822H				
Insured/Policyholder					
Name Of Registered Owner	HAPPY WAY 123				
Co Reg No	53355396B				
Email Address	WAY.MEK@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-96207499				
Alternative Phone No	Office-96207499				
Vehicle Particulars					
Manufacturer	KIA				
Model	NIRO HYBRID-1.6 (A)				
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE				
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	NO				
Policy Number	1800033819-01				
Cover Note Number					
Driver					
Name of Driver	ONG HONG WAY				
NRIC No	S7966209G				
Date Of Birth	01/03/1979				
Occupation	OUTDOOR				

10/09/2009

10 YEARS AND 0 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96207499

Fax Number

**Contact Number** 

**EMail Address** WAY.MEK@GMAIL.COM

Address BLK 316B PUNGGOL WAY #06-713 SINGAPORE

Postcode 822316

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Was any other material or property damaged?

4

Passenger 1 : ZEIDEN ONG ZIXUAN Name:

Gender: : Male

Passenger 2 Name: : KIEDEN ONG ZILE

> Gender: : Male

Passenger 3 Name: : ZIPATHAI

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**

WHEN I WAS DRIVING ON PUNGGOL ROAD, THE CAR INFRONT SUDDENLY STOP, I WAS TRYING TO STOP ALSO, BUT THE CAR IS STILL MOVING FORWARD THEN HIT ON THE CAR INFRONT OF ME.

#### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHC4329R TOYOTA PRUIS

TAXI

NG TECK SOON

S1179981G

85907570

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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, involces, 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.

der's Sign

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 9 19

\$ignature Reporting Centre Personnel

SERVICE

NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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stop	, I was	tous to	stop als	o, but	the	cor is still mon	R
forwa	ercl . the	a hit o	n the cor	infront	of	me.	
				THE STATE OF			
							West Hall
			- 1				
							-
= 1							

DECLARATION

I/Wayday are the foregoing particulars are true in every respect.

12/0/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 77 0 14

Reporting Centre Personnel's Signature Name:

SERVICE

NRIC/FIN No.:

GIARMIC SketchPlanForm\_V3





























