

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	08/10/2019 09:21
Date Of Accident	18/09/2019 19:30
Exact Location Of Accident	ALONG WOODLANDS AVE 12 TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3028R
Insured/Policyholder	
Name Of Registered Owner	LIANG XIUHAO
NRIC No	S8705622H
Email Address	RYDIA.LIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81831783
Alternative Phone No	Office-81831783

Vehicle Particulars

Manufacturer	MINI
Model	ONE-1.2 5 DOOR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

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

Driver

Name of Driver	LIANG XIUHAO
NRIC No	S8705622H
Date Of Birth	13/03/1987
Occupation	INDOOR
Date Of Driving Pass	11/07/2006
Driving Experience	13 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-81831783
Fax Number	
Contact Number	OFFICE-81831783
EMail Address	RYDIA.LIANG@GMAIL.COM
Address	681A WOODLAND DR 62 #06-05
Postcode	731681
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?	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 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

Sketch Plan

SKETCH PLAN


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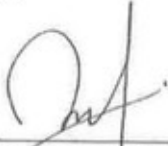
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

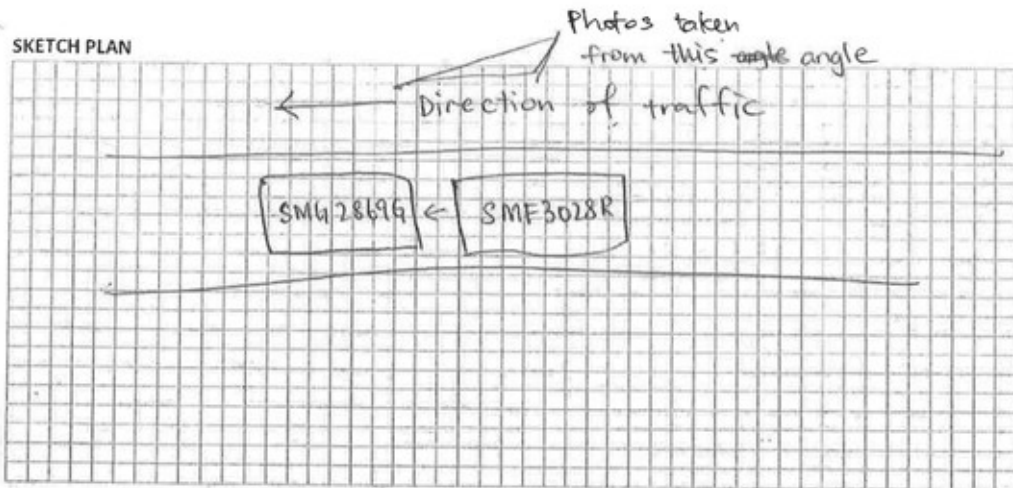
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 7-10-19 / 6:15pm

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


Reporting Centre Personnel's Signature
Name: MUHAMMAD ZUL FAZLI
NRIC/FIN No.: G28 6102 m

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SMF3028R

ACCIDENT DATE: 18 Sep 19

CONTACT NUMBER: 8183 1783

ACCIDENT TIME: about 7:30am

EMAIL: rydia.liang@gmail.com

LOCATION: along woodlands ave 12 towards SLE.

At about 7:30am when I leave home for work along woodland ave 12, I stopped my car behind SMG2869G due to the slow traffic. When I see the traffic is moving, I release my brake, but quickly realised that the car in front of me did not move off. My front bumper came into contact with the car's rear bumper, although I applied brake immediately. Subsequently, I reversed and got out of my car to assess the damage. I found not visible damage on my own car's front bumper and carplate, which is the point of impact. I also found no visible damage on the car in front of me. No dent or paint defect found.

I then spoke to the driver of that car and he took a few photos of my car and his car, from the angle shown above. He also took photo of my 11B (Military ID), as I do not have any camera phone. In the same day, he texted me requesting for \$500 compensation/private settlement. I requested him to assess the damage of his car in my →

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 7.10.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre/Personnel's Signature

Name: MUHAMMAD ZULFAZLI

NRIC/FIN No.:

G2861502M

[continue]

... workshop, or go through the proper reporting
~~proceed~~ procedure, as I deemed \$500 with no visible
damage is too much as compensation. He did not
reply my text, and therefore I did not report
this incident as there is no damage on my
car.



Liang Xiuhao

687056224

7-10-19.



MUHAMMAD Saif

928615031.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

