

## 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	12/12/2019 14:11
Date Of Accident	31/10/2019 20:30
Exact Location Of Accident	PIE BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7970X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	ACCOUNT5@ALLSWELLMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	Office-66791146

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 X CVT (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 HIRE

### 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	ISWANDI BIN AMIN
NRIC No	S7203673E
Date Of Birth	13/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1994
Driving Experience	25 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87800396
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 559 JURONG WEST ST 42 #04-475
Postcode	640559
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	2
Passenger 1	Name: : PASSENGER Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT AS ATTACHED

#### 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	SMF3201G
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Vehicle Make/Model/Colour  
Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ARTHUR LOW KIA WEI
NRIC/Passport Number	
Contact Number	82828236
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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:

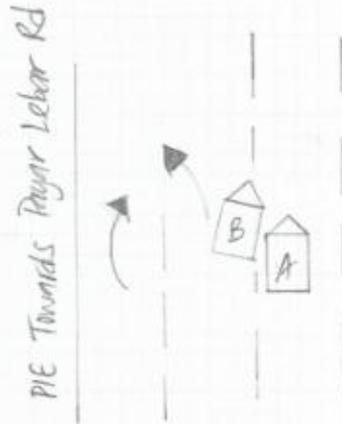


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



A - SLV7970X  
B - SML3201G1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. G/20191101/7047.

DECLARATION

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

*Chen*

Policyholder's Signature  
Date & Time:

*[Signature]*

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



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

## Accident Photo



**SINGAPORE  
POLICE FORCE**



G/20191101/7047

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**POLICE REPORT (NP299)**

Report No. G/20191101/7047

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 01/11/2019 19:44	Wide Report No.	Station Diary No.
Name Of Informant ISWANDI BIN AMIN	Address APT BLK 559 JURONG WEST STREET 42 #04-475 SINGAPORE 640559	
ID Type / ID No. NRIC NO / S7203873E	Contact No. Home/Office:	Mobile: 87800396
Nationality SINGAPORE CITIZEN	Email Address wnd2td@hotmail.com	
Occupation Grab driver	Sex Male	Age 47
Institution/School Name	Date of Birth 13/02/1972	Race Malay
Date/Time Of Incident 31/10/2019 20:30	Location Of Incident KALLANG PAYA LEBAR EXPRESSWAY	

**Brief details.**

I was driving along kallang paya lebar expressway around 8.30pm... signal my intent to exit paya lebar...i was on right side of a merging lane... suddenly a vehicle SMF3201G came from my left at a fast speed and rub against my vehicle SLV7970X.

I had 1 passenger and Mr Arthur Low had 2 passenger... nobody was injured. We safely pull over to the road shoulder and exchange particulars.

My car got scratched on the left front side just behind the headlights.

Mr Arthur Low had scratch marks starting from his middle right hand side to his rear door. Mr Arthur Low

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2019 19:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE  
POLICE FORCE



G/2019/1101/7047

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/2019/1101/7047

Uic S1795380Z. He wish to make insurance claim.

Subjects Involved			
Victim			
Person Name	ISWANDI BIN AMIN		
ID Type	NRIC NO	ID No	S7203673E
Gender	Male	Age	47
Race	Malay	Language	English
Occupation	Grab driver	Address Type	
Address	APT BLK 559 JURONG WEST STREET 42 #04-475 SINGAPORE 640559	Mobile No	87800396
Is Informant A Victim?	Yes		
Person Name	ISWANDI BIN AMIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2019 19:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

