

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	18/11/2019 14:42
Date Of Accident	18/11/2019 07:40
Exact Location Of Accident	5.2KM SLE/BKE LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH706B
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Insured/Policyholder

Name Of Registered Owner	LOKE JUN LI JEREMIAH
NRIC No	S9340137I
Email Address	JERELOKE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90685403
Alternative Phone No	Home-65848803

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO NATIONAL INSTITUTE OF EDUCATION FROM HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1900002666
Cover Note Number	

Driver

Name of Driver	LOKE JUN LI JEREMIAH
NRIC No	S9340137I
Date Of Birth	23/10/1993
Occupation	INDOOR
Date Of Driving Pass	21/03/2013
Driving Experience	6 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90685403
Fax Number	
Contact Number	HOME-65848803
EMail Address	JERELOKE@GMAIL.COM
Address	BLK 777 PASIR RIS STREET 71 #10-416
Postcode	510777
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	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	5
Was any body injured in the Accident?	YES
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)	5
Passenger 1	Name: : LOW CHING KAI Gender: : Male
Passenger 2	Name: : NICHOLAS SEOW Gender: : Male
Passenger 3	Name: : FATHURRAMAN Gender: : Male
Passenger 4	Name: : LOH JING MIN 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

REFER TO ATTACHMENT

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	SKR2154B
Vehicle Make/Model/Colour	CITROEN C4 PICASSO
Details Of Properties	4TH CAR
Vehicle Category	PRIVATE CAR
Name of Driver	AMRAN VARIS
NRIC/Passport Number	
Contact Number	96392095
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	COLLISION AT BACK
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	3RD CAR
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	2ND CAR
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	BMW
Details Of Properties	1ST CAR
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOH JING MIN
Approximate Age	
Injuries Sustain	SMALL CUT ON EYEBROW
Injured person in which vehicle?	SMH706B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

18/11/2019
1105

Driver's Signature

(If driver is not the policyholder)

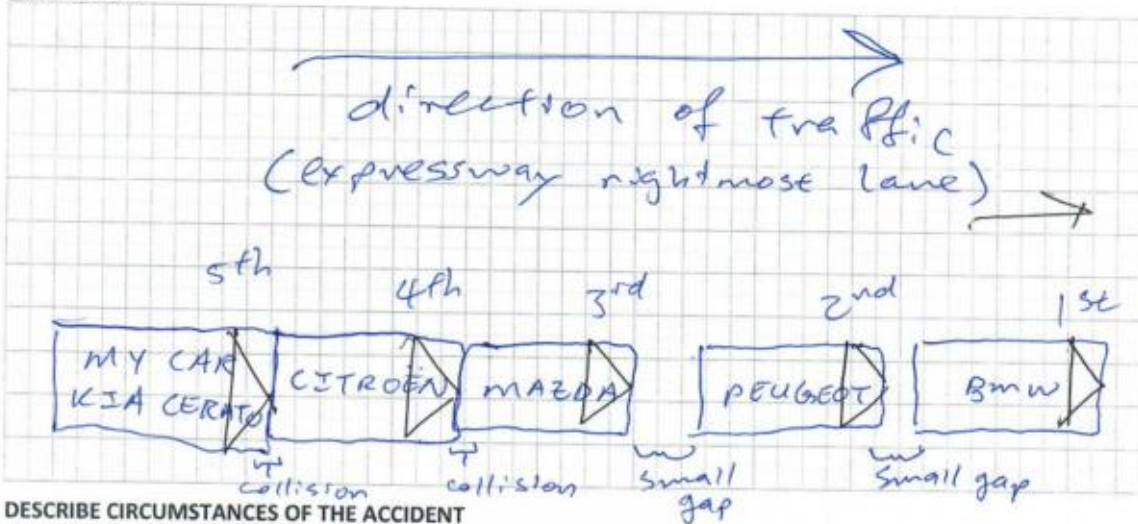
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was involved in a chain collision at 5.2Km SLEI/KE LANE1. This involved 5 cars in total. My car was the base car. There were no serious injuries, except for my friend, Loh Jing Min, who suffered a small cut at her eyebrow and ~~lost~~ damaged her spectacles.

I believe I was not at fault at all, as can be reviewed from the dash cam footage of my car, as ~~the~~ I was driving correctly and appropriately so the ~~accid~~ crash was entirely unavoidable.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 18/11/2019
1010

GARMC Sketch/Plan Form V3

Driver's Signature

(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

