

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	08/11/2019 17:08
Date Of Accident	07/11/2019 21:30
Exact Location Of Accident	JUNC.OF WOODLANDS AVE 2TURN RIGHT INTO AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8975C
Insured/Policyholder	
Name Of Registered Owner	TAI YONG CONSTRUCTION PTE LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900067252
Cover Note Number	

Driver

Name of Driver	PHUA EE LIN
NRIC No	S7519283E
Date Of Birth	17/06/1975
Occupation	INDOOR
Date Of Driving Pass	17/02/1994
Driving Experience	25 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-86084377
Fax Number	
Contact Number	
E-Mail Address	PHUEELIN@GMAIL.COM
Address	BLK 643 YISHUN STREET 61 #09-270
Postcode	760643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWNER'S DAUGHTER
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?	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)	4
Passenger 1	Name: : AGATHA PANG Gender: : Female
Passenger 2	Name: : ANZELM PANG Gender: : Male
Passenger 3	Name: : ETHEL FAN 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG6018Z
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Vehicle Make/Model/Colour	SG BUS/GREEN
Details Of Properties	RIGHT SIDE OF BUS WITH SCRATCHES & PAINT CHIPPED
Vehicle Category	BUS
Name of Driver	MOHAMAD AIDEEL B. MOHD NOOR
NRIC/Passport Number	
Contact Number	94694373
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

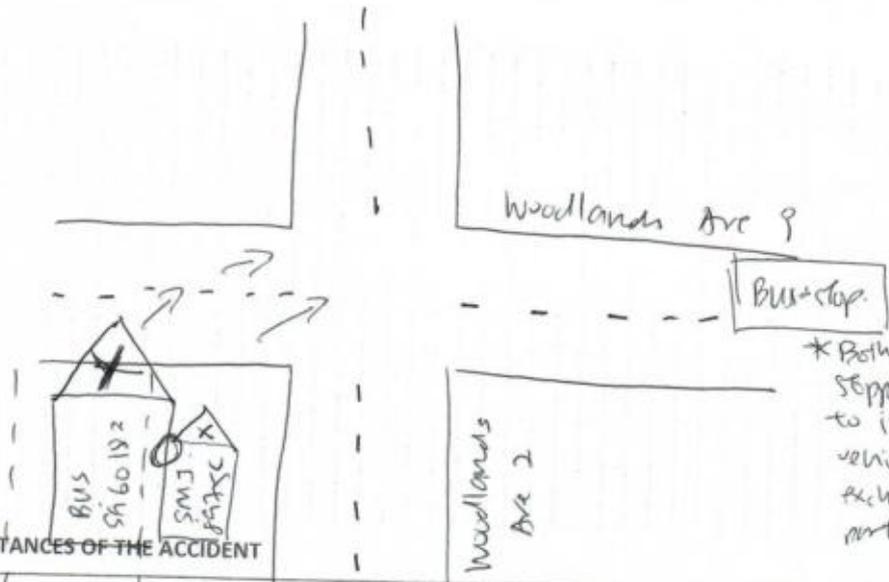
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

8/11/15 14.25hrs


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

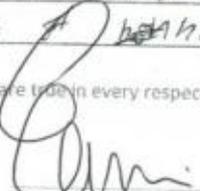
on 7 November 2019

At approximately 9:30 pm, I was driving towards Blk 807 Woodlands St, fetching my cousin (Ethel Fan) home from dinner. I stopped my car at the traffic junction along Woodlands Ave 2 ~~turning~~ turning towards into Woodlands Ave 9. My car was the first vehicle at the traffic junction. As the traffic light turned green for me to drive off, I picked up slow speed to prepare myself turning into Woodlands Ave 9. Suddenly, I felt my vehicle being lifted up on the left side and with a noise. ~~That~~, immediately, I stopped my car and realised a SA Bus (SA 60192) has hit my vehicle. I noticed my left side mirror has been repositioned and thought it was a minor impact on the side mirror and decided to ~~proceed~~ proceed driving along Woodlands Ave 9 and signalled the bus driver at my intent to stop and investigate the accident. We stopped at the first ~~bus stop~~ bus-stop along Woodlands Ave 9. That's when I realised ~~the~~ my vehicle on the left side above the wheel was ~~scatched~~ scratched and dented. ~~to~~ The bus driver and I exchanged particulars and took pictures ~~of~~ ~~both~~ damage before we left the scene.

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:

8/11/19 14:25hr


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: **57519283E**

PHUA EE LIN
(PAN YU LIN)

Date of birth: 17 Jun 1975
Valid until: 28 Apr 2013

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **57519283E**

PHUA EE LIN
(PAN YILING)
潘依玲

Race: CHINESE
Date of birth: 17 Jun 1975
Sex: F

FOR C&C USE ONLY

FOR C&C USE ONLY

VEHICLES LICENSURE TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

CLASS 1 Motor Car (up to 3500kg GVM) with not more than 9 seats, excluding 17 Feb 2004 of the driver, and of the motor vehicles of 3500kg

FOR C&C USE ONLY

SP 02A

Barcode: License No: 57519283E

PHUA EE LIN
Date of birth: 17 Jun 1975
Sex: F

Address: APT 05E 040 YONGE STREET #1
05E-270
SINGAPORE 100443

FOR C&C USE ONLY

AUTHORIZATION LETTER



泰榮建築私人有限公司
TAI YONG CONSTRUCTION PTE LTD
No. 10 Admiralty Street #06-84 North Link Building Singapore 757695.
TEL: 6753 1302 FAX: 6257 3841
Business Reg. No.: 198901499Z GST Reg. No.: AD-0086902-3

Date: 27 March 2019

AKG Asia PACIFIC Insurance Pte Ltd

Dear Sir/Madam

Policy No 1900067252, Vehicle SMJ8975C

Pls be inform that we have authorise Miss Phua Eo LIN with NRIC No S7519283E
as a Driver for the above mentioned vehicle.

Thank you

Yours faithfully,

PHUA WEI BEEN
DIRECTOR



Accident Photo



Accident Photo



Accident Photo

