

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 12:18
Date Of Accident	11/12/2019 12:55
Exact Location Of Accident	QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2108S
Insured/Policyholder	
Name Of Registered Owner	MR DIDY SOEBAGIO
NRIC No	S7582065H
Email Address	DIDYSOEBAGIO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97493439
Alternative Phone No	Office-97493439

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 V STANDARD (GJ) (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?	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	
Cover Note Number	

Driver

Name of Driver	INDRAWATI
NRIC No	S7581309J
Date Of Birth	27/07/1975
Occupation	INDOOR
Date Of Driving Pass	13/01/2007
Driving Experience	12 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91149717
Fax Number	
Contact Number	
E-Mail Address	DIDYSOEBAGIO@GMAIL.COM
Address	88 PUNGGOL CENTRAL #10-20
Postcode	828721
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2616K
Vehicle Make/Model/Colour	TAXI
Details Of Properties	1ST VEHICLE
Vehicle Category	TAXI
Name of Driver	HEO KIM YONG
NRIC/Passport Number	S1133957C

Contact Number 81022625
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD4617P
Vehicle Make/Model/Colour TRUCK
Details Of Properties 3RD VEHICLE
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MARICKAM SUBRAMANIAN
NRIC/Passport Number S7368572I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

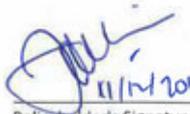
SKETCH PLAN

IMPORTANT NOTICE

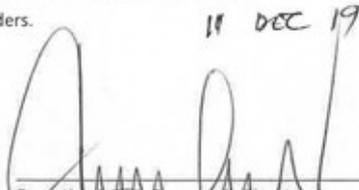
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

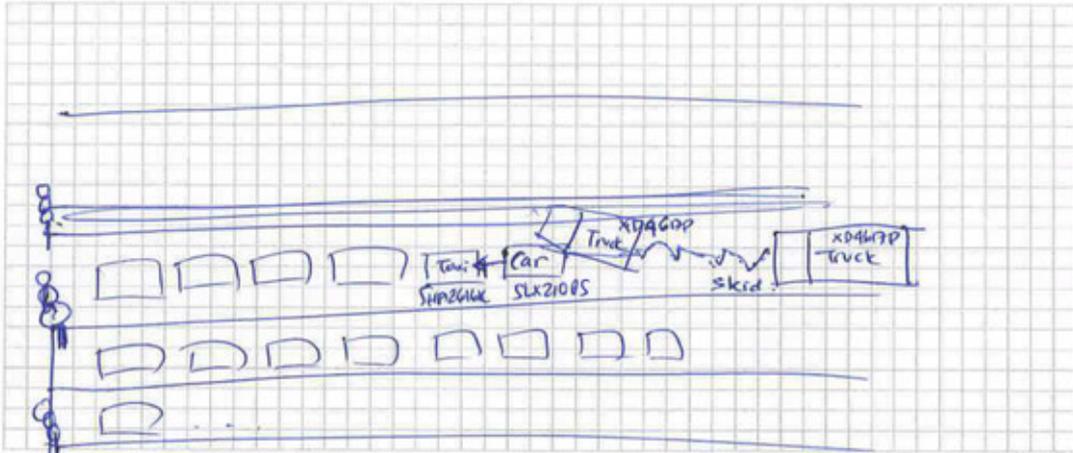
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11/12/2019 5:50pm


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


Reporting Driver's Personal Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLX21085

ACCIDENT DATE: <u>11/12/19</u>	CONTACT NUMBER: <u>91149717</u>
ACCIDENT TIME: <u>12.56 PM</u>	EMAIL: <u>indravati.tjoc@gmail.com</u>
LOCATION: <u>Queensway</u>	

Stopped at traffic light. Truck hit from the back.
 The car was stopped for ± 10 sec. & suddenly hit by truck,
 and the car hit taxi in front of it due to the force.

(refer to recording video).

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.

[Signature]
 Policyholder's Signature
 Date & Time: 11/12/2019 6:50 PM

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

[Signature] 12 Dec 19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/EPF No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Driving License



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