

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	23/12/2019 20:44
Date Of Accident	20/12/2019 22:00
Exact Location Of Accident	SCOTTS RD B4 ORCHARD RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY2954U
Insured/Policyholder	
Name Of Registered Owner	KOH LIP SONG
NRIC No	S7410805I
Email Address	LIPSONG.KOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91460191
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.5 L WAGON SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	KOH LIP SONG
NRIC No	S7410805I
Date Of Birth	13/03/1974
Occupation	INDOOR
Date Of Driving Pass	17/09/1996
Driving Experience	23 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91460191
Fax Number	
Contact Number	OFFICE-NOPHONE
E-Mail Address	LIPSONG.KOH@GMAIL.COM
Address	87 COMPASSVALE BOW #10-24
Postcode	544686
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 - CHANGE/CROSS LANE
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

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8556A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEOPELAN
NRIC/Passport Number	
Contact Number	91624710

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:
21/12/19 12pm.

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


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

A hand-drawn diagram on graph paper showing a 4x4 grid. The grid is bounded by solid lines on the top and bottom, and dashed lines on the left and right. The columns are labeled 1, 2, 3, and 4 from left to right. The rows are labeled 1, 2, 3, and 4 from bottom to top. The labels are written in a box in the top-right corner of each cell. The labels are: Row 1: Column 1 is empty, Column 2 is empty, Column 3 is empty, Column 4 is 'SCH 2956A'. Row 2: Column 1 is empty, Column 2 is empty, Column 3 is empty, Column 4 is 'SCH 8556A'. Row 3: Column 1 is empty, Column 2 is empty, Column 3 is empty, Column 4 is empty. Row 4: Column 1 is empty, Column 2 is empty, Column 3 is empty, Column 4 is empty.

LICENSE PLATE NO: SGY2954U

CONTACT NUMBER: 91460191

EMAIL: 1.p.sang.koh@gmail.com

My car was on the extreme right lane, queuing behind a few cars, then seeing no cars behind my left lane, decided to drive to the left lane. Just about when I drive into left lane, a taxi came from behind and bang into my left front side, at high speed. The taxi was from 2nd lane cutting into 3rd lane. no one was injured.

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

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

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

