

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	17/01/2020 15:17
Date Of Accident	16/01/2020 19:55
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7057J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96441177
Alternative Phone No	OFFICE-96441177

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	DANES HO WAI MUN
NRIC No	SXXXX577A
Date Of Birth	23/03/1969
Occupation	INDOOR
Date Of Driving Pass	01/03/1996
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96441177
Fax Number	
Contact Number	OTHERS-96441177
EEmail Address	NOEMAIL

Address	BLK 46 CHOA CHU KANG STREET 64 #07-22
Postcode	689106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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

PLEASE 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	SJW7618H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOGANATHAN S/O GANESAN
NRIC/Passport Number	
Contact Number	96402779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB2039X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ABDUL SALAM BIN ABDUL

NRIC/Passport Number

SXXXX542E

Contact Number

90123913

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 envelope/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.



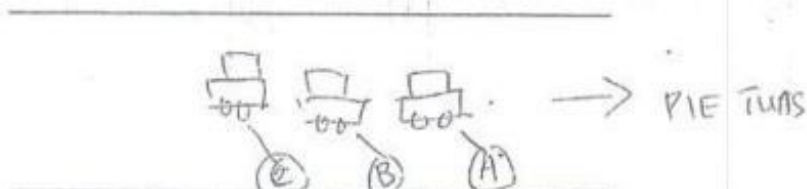



Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan +

PIE (TUAS)
 Expressway after Stevens Entrance
 toward to Tuas

A SKE 7057 J
 B SJW 7618 H
 C SHB 2089X



Sketch Plan #2



Describe Circumstance of the Accident *


A car accident in which were involved on 16/1/2020
I was on my way back driving to PIE (Tuas) and
were slow & heavy traffic drive on land 2 towards
PIE (Tuas) after Stevens Road suddenly came in a rush
sudden a vehicle hit me from behind. My car were
damage brutally behind.

When the incident took place, I quickly took picture
and the partake of the other driver.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature:  

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

Witnessed by Reporting Centre Personnel:  17/01/2020

Accident Photo

1/17/2020

PHOTO-2020-01-16-21-53-21.jpg



See 1/17/2020

<https://mail.google.com/mail/u/0/#inbox/FMfcgxeGCkngki-fVMdR-fVtgbzmgwQSPdC7projector=1&messagePartId=0.7>

1/2

Accident Photo

1/17/2020

PHOTO-2020-01-18-21:53:20 (1).jpg



1/17/2020

<https://mail.google.com/mail/u/0/#inbox/FMtgwvGCqngKHVMdRfVtpbzngwQSP9Ctpjxector1&messagePartId=0.4>

1/2

Accident Photo

1/17/2020

PHOTO-2020-01-16-21-53-20.jpg



Handwritten signature and date: 1/17/2020

<https://mail.google.com/mail/u/0/#inbox/FMtgxwGCungKHVMdHfVtpbzmgwQSPdC?projector=1&messagePartId=0.3>

1/2

Accident Photo

1/17/2022

PHOTO-2020-01-16-21-08-51.jpg



12/01/22

<https://mail.google.com/mail/u/0/#inbox/FMtgwGQngkHVMdHfVp0zmgwQSPdC7projector=1&messagePartId=9.6>

1/2

Accident Photo



Accident Photo



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