

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 12:37
Date Of Accident	17/01/2020 09:05
Exact Location Of Accident	AYE TOWARDS CITY BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4245K
Insured/Policyholder	
Name Of Registered Owner	A JOSHUA
NRIC No	SXXXX477A
Email Address	IRONMAN9306@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97870795
Alternative Phone No	OTHERS-97870795

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
Exact Purpose for which vehicle was being used at time of accident	
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	1900045305
Cover Note Number	

Driver

Name of Driver	A JOSHUA
NRIC No	SXXXX477A
Date Of Birth	28/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97870795
Fax Number	
Contact Number	OTHERS-97870795
Email Address	IRONMAN9306@GMAIL.COM

Address	BLK 443 BUKIT BATOK WEST AVE 8 #09-817
Postcode	652443
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : ANGELA D/O J ANTHONY 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

KINDLY REFER TO 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	SHC8429J
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	92789588
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment 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.
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:

17.01.2020

11384124

Driver's Signature

(If driver is not the policyholder)

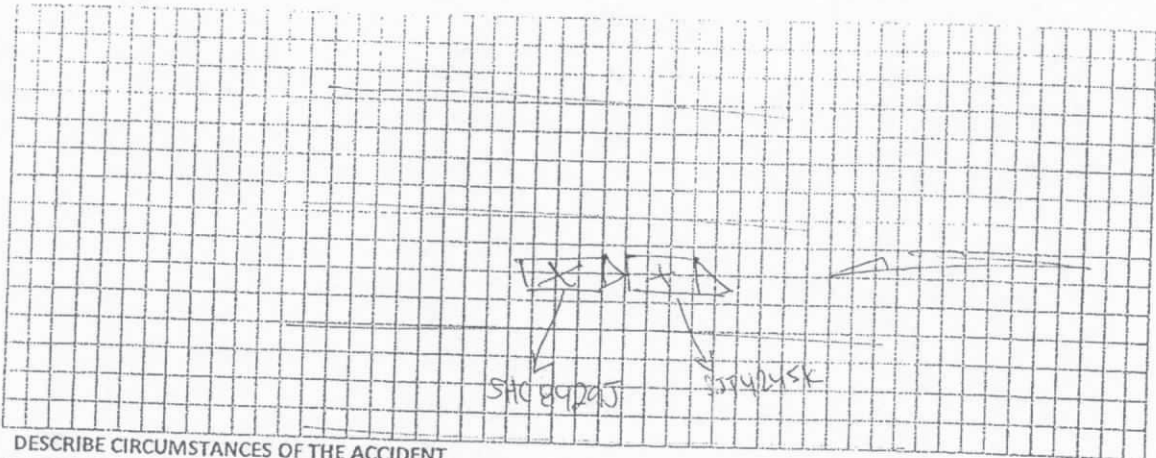
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.01.2019 at about 0905hrs, I was driving my vehicle SHC 4245K along A46 towards CTF. I was driving on lane 02. The traffic was heavy and slow moving.

The vehicle travelling in front of me came to a stop and I slowed down and came to a stop. A few seconds later a comfort taxi SHC 84295 hit my vehicle from the rear. The impact was hard and caused my rear to be damaged.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> | - Reporting Only |
| <input type="checkbox"/> | - Claim OD |
| <input type="checkbox"/> | - Claim TP |
| <input checked="" type="checkbox"/> | - Claim OD/ TP at other workshop |

DECLARATION

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

Policyholder's signature

Date & Time 17.01.2019
1255hrs

Driver's Signature

(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



SINGAPORE POLICE FORCE



T/20200118/2089

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200118/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 14:37	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: A JOSHUA			Address: APT BLK 443B BUKIT BATOK WEST AVENUE 8 #09-817 SINGAPORE 652443		
ID Type / ID No.: NRIC NO / S9041477A			Contact No.: Home/Office: Mobile: 97870795		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 28/10/1990	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2020 09:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY before Alexandra road exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8429J	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJT4245K	Car	TOYOTA	VIOS E MANUAL	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20200118/2089

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659840
Tel No: 1800-6659999

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Report No. T/20200118/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT4245K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900045305	19/03/2019	18/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	A JOSHUA	ID No.	S9041477A	
Related Vehicle	SJT4245K (Car)	Contact No.	97870795	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	17/01/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	06	Degree of Injury	Serious	
Passenger				
Name	ANGELA D/O J ANTHONY	ID No.	S9024349G	
Related Vehicle	SJT4245K (Car)	Contact No.	NIL	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	17/01/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Serious	

Brief Details.

On 17/01/2020 at about 0905hrs, I was travelling along AYE towards CTE. I was driving my vehicle and the traffic was heavy & slow moving. The vehicle in front of me came to a stop and I slowed down and came to a stop. Few seconds later, the vehicle at my rear collided onto me, which cause my vehicle to surged forward a little. My vehicle suffered damage such as the bumper was dislodged. I alighted from my vehicle and exchanged particulars with the opposite party. Subsequently we both left scene.

Taxi driver details as follows:
SHC8429J
Mr Chua
HP: 9278 9588



**SINGAPORE
POLICE FORCE**



T/20200118/2089

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Report No. T/20200118/2089

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200118/2089

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Report No. T/20200118/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 BENJAMIN LEE CHAI JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2020 14:37

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

