

## 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	17/03/2020 13:33
Date Of Accident	17/03/2020 08:30
Exact Location Of Accident	ALONG CTE LANE 1 BEFORE EXIT 7D
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR8910E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO YEW HAY,DAVE
NRIC No	S1672470Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97818580
Alternative Phone No	Others-97818580

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TOWARDS NUH MEDICAL SCHOOL
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	1800106554
Cover Note Number	

### Driver

Name of Driver	CHRISTINE CHUA CHIEW GUAT
NRIC No	S1672470Z
Date Of Birth	19/02/1962
Occupation	INDOOR
Date Of Driving Pass	21/11/1981
Driving Experience	38 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97818580
Fax Number	
Contact Number	OTHERS-97818580
EMail Address	NOEMAIL
Address	BLK 7 JALAN MATA AYER #01-35
Postcode	759152
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	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	4
Was any body injured in the Accident?	YES
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)	3
Passenger 1	Name: : HO YEW HAY,DAVE Gender: : Male
Passenger 2	Name: : HO KYLIE 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ277Z
Vehicle Make/Model/Colour	TOYOTA CAMRY 2.0 SILVER
Details Of Properties	FRONT BONNET CRASHED INTO MY BOOT

Vehicle Category	PRIVATE CAR
Name of Driver	SHANKAR S/O SUMMUGAM
NRIC/Passport Number	
Contact Number	85903566
Address	
Postcode	
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT3970H
Vehicle Make/Model/Colour	
Details Of Properties	CAR D
Vehicle Category	PRIVATE CAR
Name of Driver	SIM KOK LEONG
NRIC/Passport Number	
Contact Number	98348436
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMA4799T
Vehicle Make/Model/Colour	
Details Of Properties	CAR C
Vehicle Category	PRIVATE CAR
Name of Driver	TEOH KIAN HENG,JASON
NRIC/Passport Number	
Contact Number	96231117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HO YEW HAY,DAVE
Approximate Age	
Injuries Sustain	SHOULDER,NECK & BACK PAIN
Injured person in which vehicle?	SFR8910E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHRISTINE CHUA CHIEW GUAT
Approximate Age	

Injuries Sustain	KNEE BRUISE
Injured person in which vehicle?	SFR8910E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3	
Name	HO KYLIE
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SFR8910E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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. The 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 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:

17/3/2020  
1136

GIA/PAIC, 333 North Bridge Road, #15-01

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/3/2020  
11.36 am

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Turning Lane to Exit TD

Lane 4

Lane 3

Lane 2

Lane 1

SKQ 277Z

SMA 4799T



→ CTE towards City.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLT 3970H

was driving towards AYE via CTE.

Car C Suddenly stopped in front of me.

I jammed my brakes ~~and to stop~~ but still hit Car C.  
Car B behind me slammed into me and pushed me to hit car C. again.

Car C Braked suddenly because Car D in front stopped suddenly.

## DECLARATION

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

Policyholder's Signature

Date & Time:

17/3/2020

11:36

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/3/2020

11.36 am

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



Accident Photo





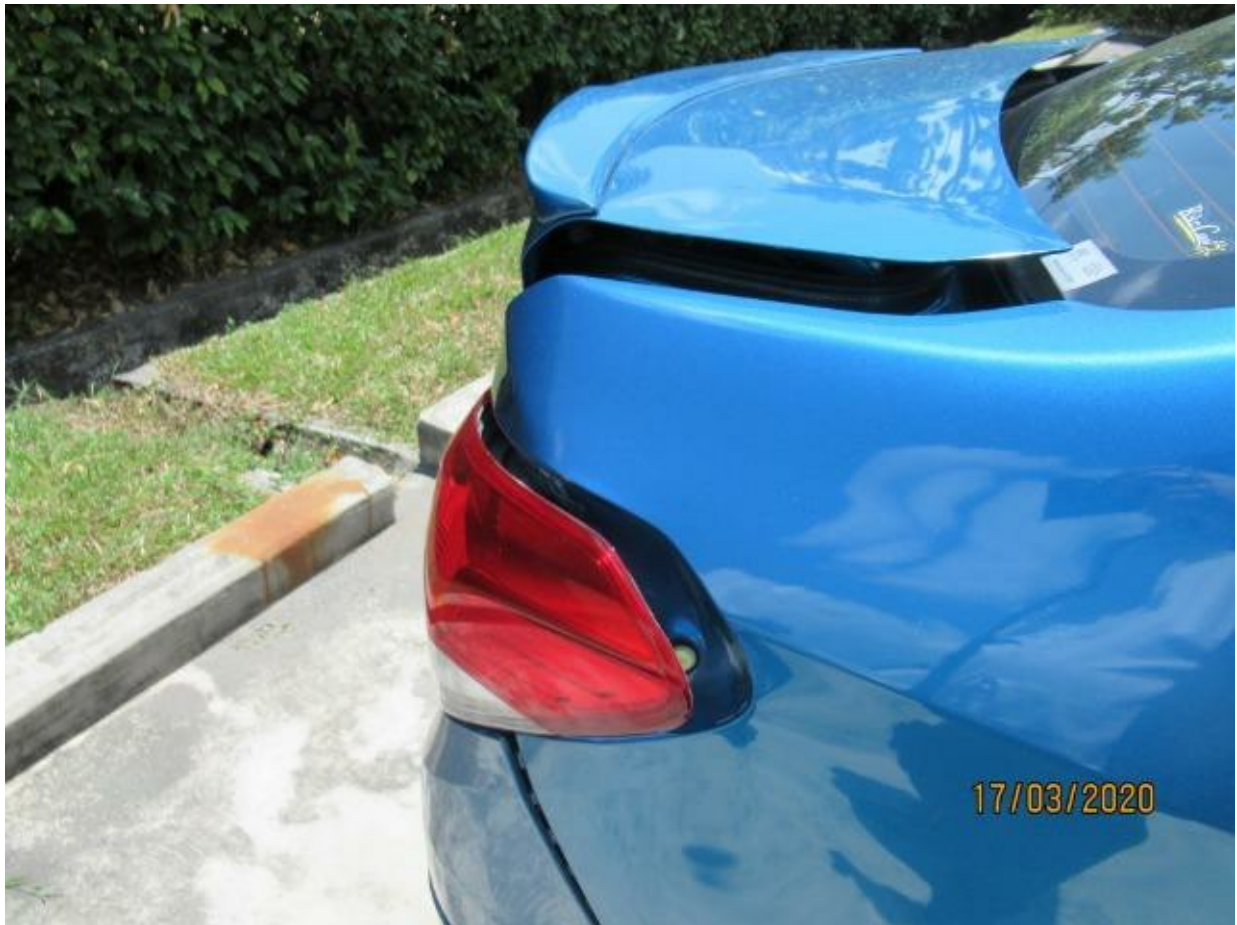
Accident Photo



Accident Photo

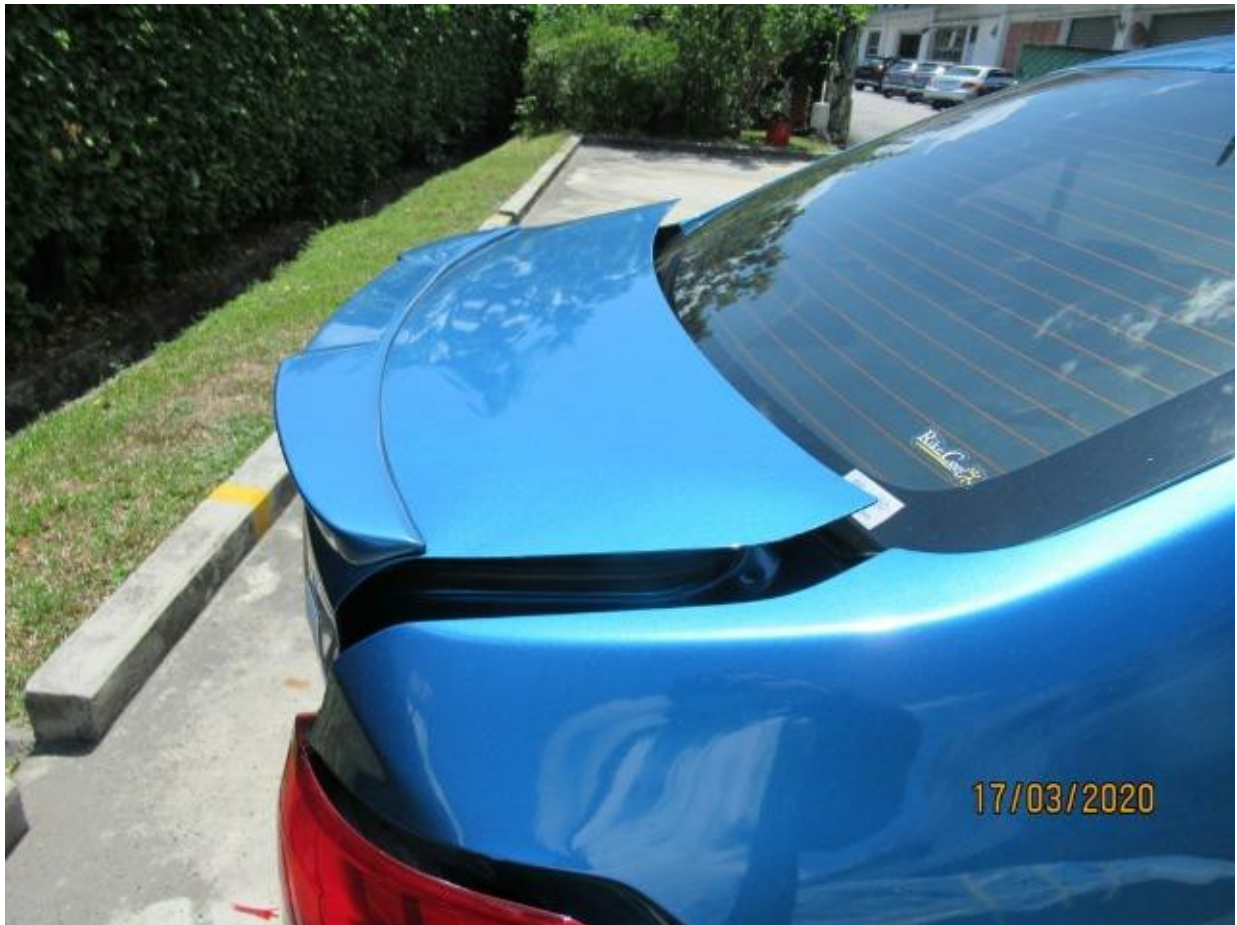


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

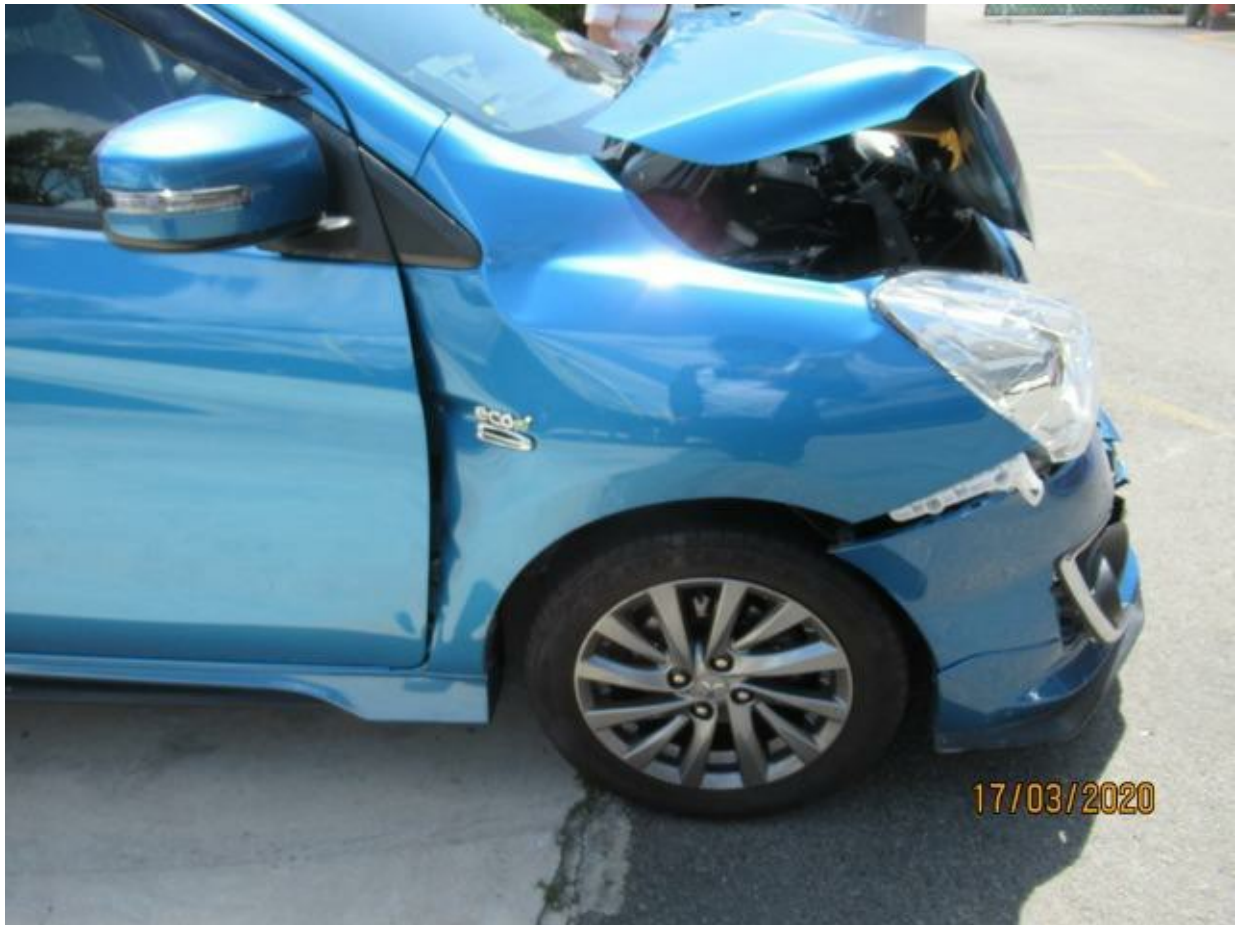




Accident Photo



Accident Photo



Accident Photo



Accident Photo





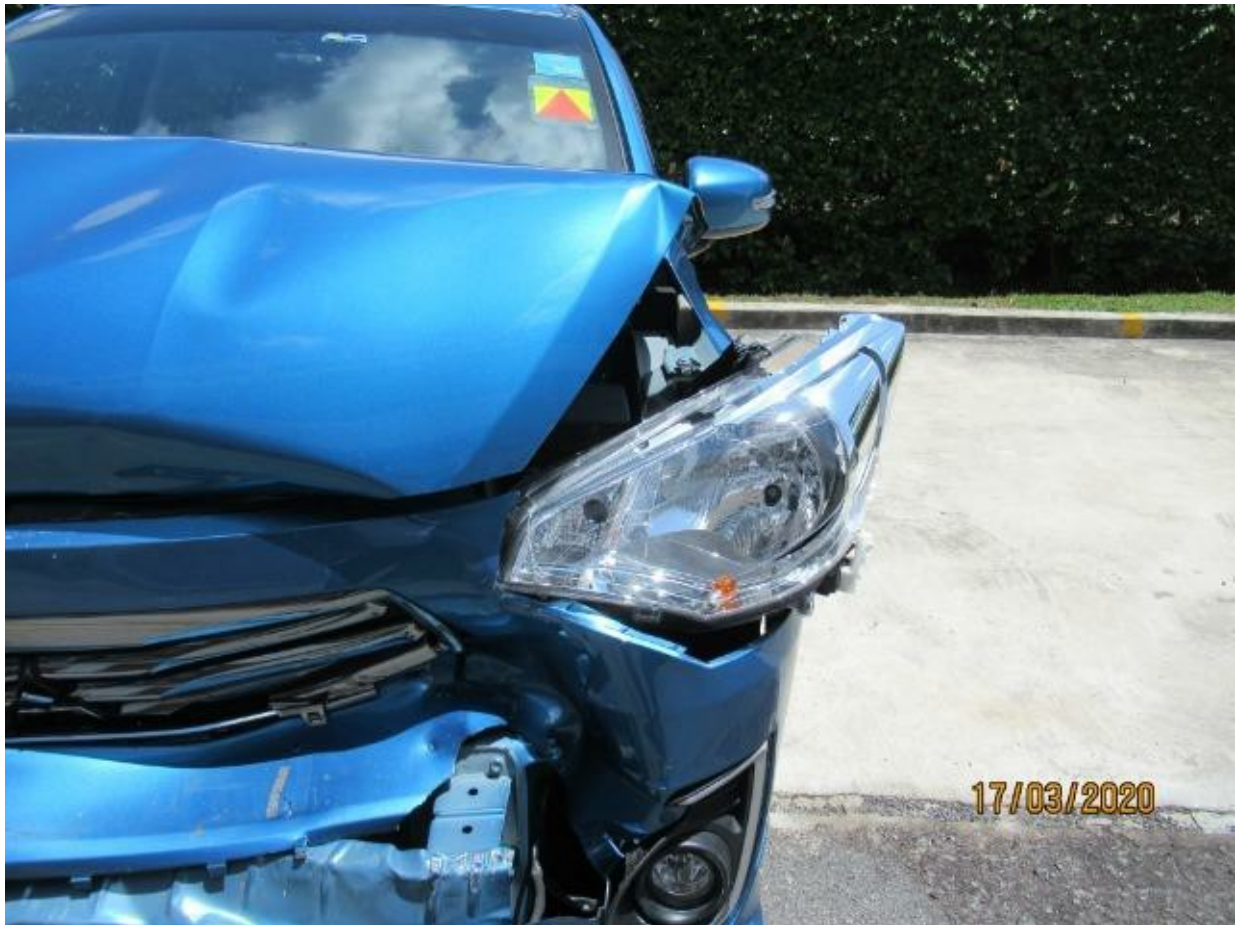
Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Identification Card





## Driving License



FOR C&C USE ONLY



FOR C&C USE ONLY

# Identification Card



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





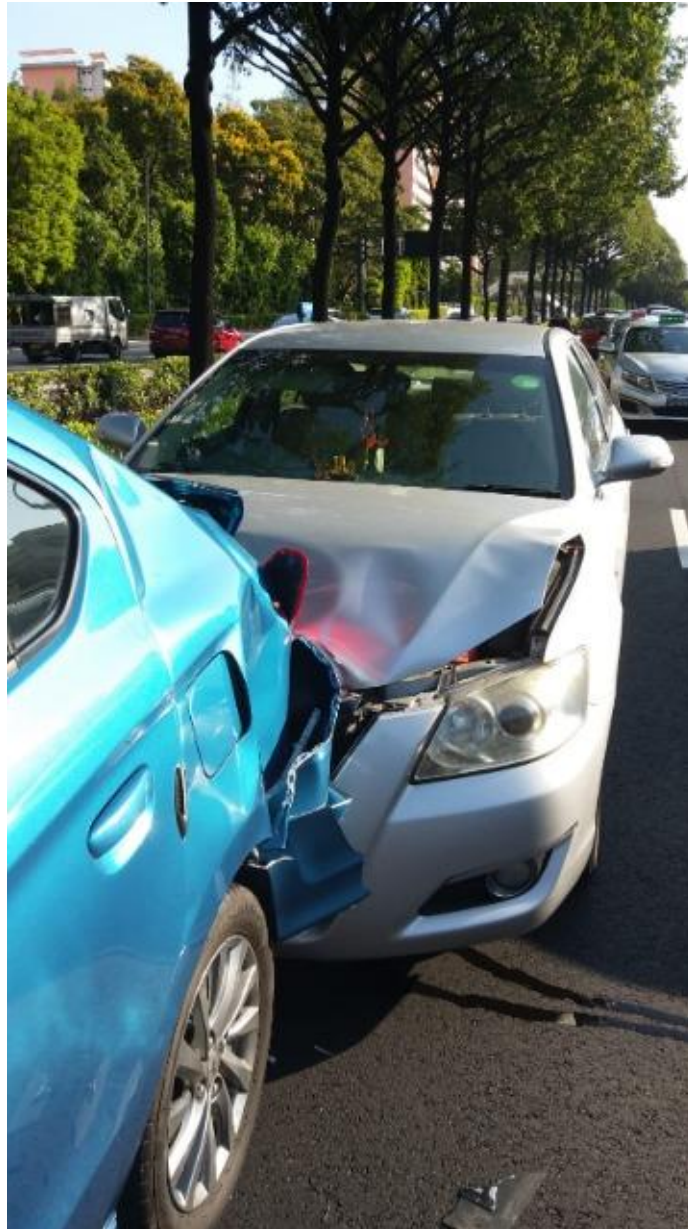
Accident Photo



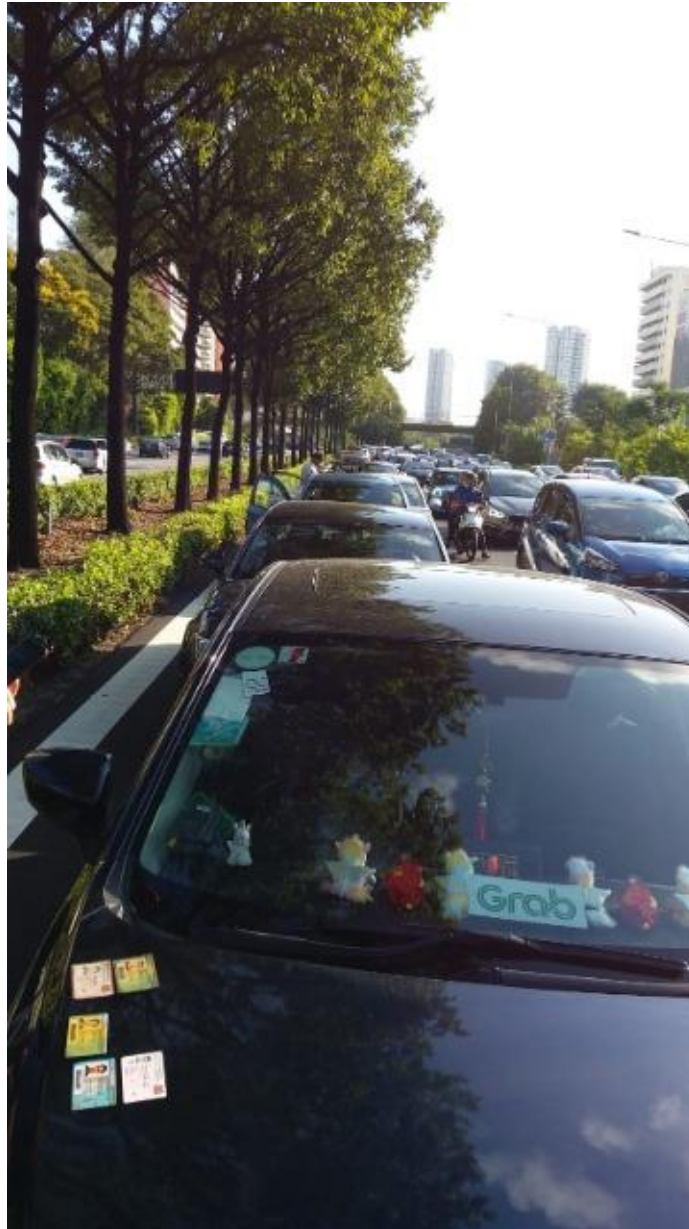
Accident Photo



Accident Photo



Accident Photo

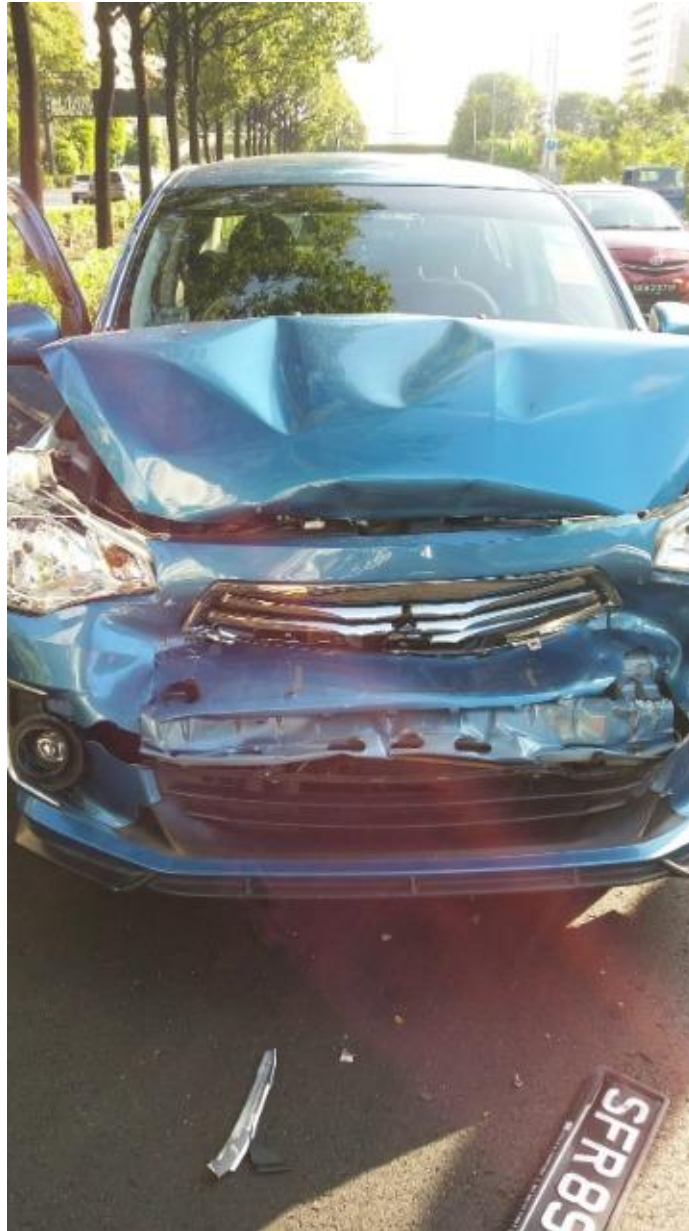




Accident Photo



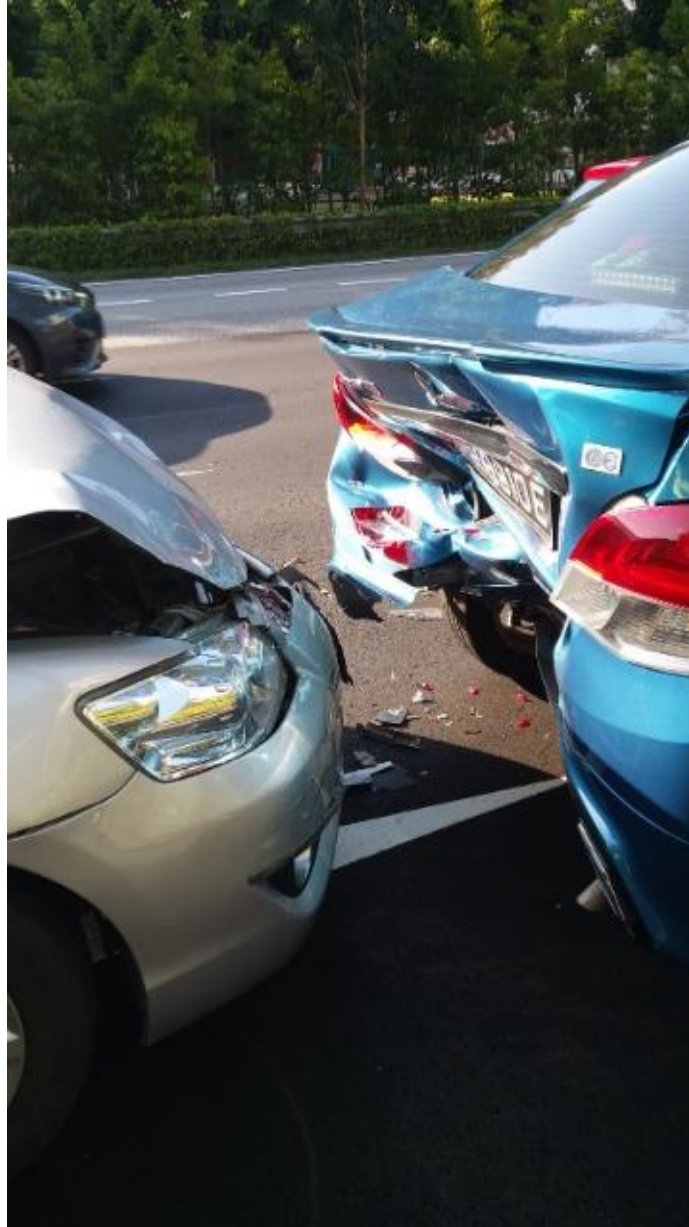
Accident Photo



Accident Photo

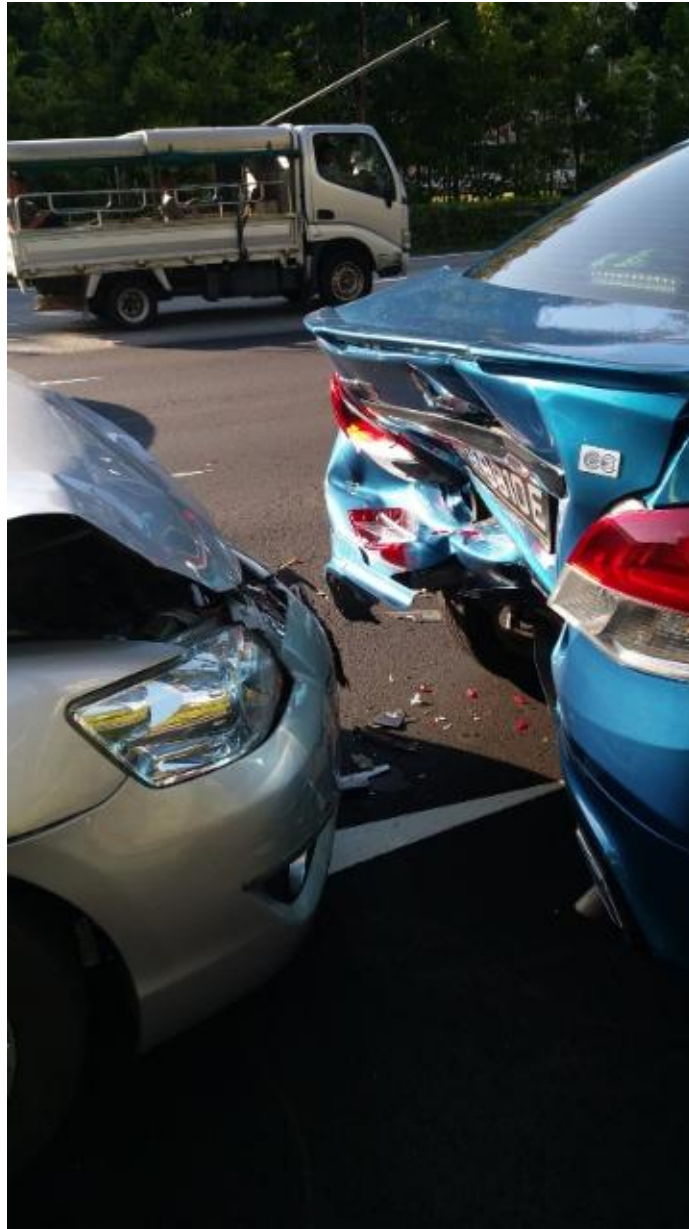


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

