

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	21/05/2020 12:09
Date Of Accident	19/12/2019 03:25
Exact Location Of Accident	JUNC ANG AVE 5 & AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2980G
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	2XXXXX046C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83802233
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994017
Cover Note Number	

Driver

Name of Driver	TAN HOCK CHYE
NRIC No	SXXXX025A
Date Of Birth	01/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93625511
Fax Number	
Contact Number	OFFICE-93625511
Email Address	NOEMAIL

Address	BLK 231 BUKIT BATOK EAST AVENUE 5 #05-71
Postcode	650231
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	NO 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD6545B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

X
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

No diagram as
no information

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The above driver was one of our hires and was a grab driver. We were not aware of the accident until we received email from AIG that there was a third party claim. Upon receiving the email, we call the driver. The driver refused to come and do the report and saying that he will settle any claims himself. We called him to come and sign an undertaking letter. Attached with the letter for your information.

DECLARATION

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

2

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Other

Block 231 Bukit Batok East Ave 5
05-71
Singapore 650231

Date: _____

M/s Twincar Leasing


Dear Sir / Mdm,

UNDERTAKING LETTER - ACCIDENT INVOLVING 9KW298067 & SFD6545B ALONG
Junction of Ang Mo Kio Ave 5 & Ave 8 ON 19/12/2019 AT ABOUT _____ HRS

1. I refer to the above captioned matter.
2. Whereas I unconditionally agree to pay the policy excess of S\$..... inclusive of 7% GST thereon, in view of this accident scenario, I sincerely hope that Twincar Leasing can consider waiving the said policy excess.
3. I agree and understand that:
 - i) Any waiver granted to me shall in the premises, only be suspensory in effect, such that any latitude granted to me shall not prejudice the strict rights of M/s AIG Aisa Pacific Insurance Pte Ltd and/or M/s Twincar Leasing, all of which are reserved.
 - ii) Twincar Leasing shall be entitled to recover any additional costs / expenses / loss incurred on an indemnity basis in the event I fail to pay the policy excess of \$..... inclusive of 7% GST.
4. I am aware that:
 - i) My authorized lawyer will be submitting my personal injury claims, loss of income and other related expenses on behalf of me.
 - ii) My personal injury claims should be settled at 100% and which the final settlement will not prejudice and/or jeopardize the property damage claims (including damages, costs and related expenses) from Twincar Leasing.

Hence, I hereby unconditionally agree to indemnify M/s AIG Aisa Pacific Insurance Pte Ltd and/or M/s Twincar Leasing for any and all damages / losses / costs / expenses in the event of my personal injury claims directly and/or indirectly prejudiced/jeopardized the property damage claims arising from the accident.

Your sincerely,


Name: TAN Hock CHYE
NRIC: S160125A
HP. No.: 88379836 (WA)



Insure House <insurehouse@n51.com.sg>

AIG ref: 6865508399SG-003 II accident involving SKW2980G & SGD6545B on 19/12/19 along JUNCTION OF ANG MO KIO AVE 5 & AVE 8

1 message

Syed-Yusoff, Saliha <Saliha.Syed-Yusoff@aig.com>

Wed, Apr 29, 2020 at 2:42 PM

To: "insurehouse@n51.com.sg" <insurehouse@n51.com.sg>

Dear Fong Toh,

We refer to the above-captioned.

We write to inform we have received a Property Damage claim from owner of SGD6545B against your auto policy, 0999994017.

Our record shows that your driver have not reported the accident to us till date and we would be grateful if you could assist to follow up on your end accordingly.

Kind Regards,

Saliha

Saliha Syed Yusoff

AIG

Senior Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd

AIG Building, 78 Shenton Way #08-16, Singapore 079120

Tel +(65) 6419 1917 |

www.aig.sg

IMPORTANT NOTICE:

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Other

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