

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	04/08/2020 12:10
Date Of Accident	04/08/2020 07:35
Exact Location Of Accident	BKE (TOWARDS PIE) BEFORE ECO LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6818M
Insured/Policyholder	
Name Of Registered Owner	TOH BOON SAN
NRIC No	S1215895E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96179903
Alternative Phone No	Others-96179903

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	2100503034
Cover Note Number	

Driver

Name of Driver	TOH ZHI HONG
NRIC No	S9024083H
Date Of Birth	05/07/1990
Occupation	INDOOR
Date Of Driving Pass	17/09/2009
Driving Experience	10 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96179903
Fax Number	
Contact Number	
E-Mail Address	TOHZHIHONG@GMAIL.COM
Address	BLK 111 GANGSA ROAD #09-81
Postcode	670111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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?	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 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	SHC794G
Vehicle Make/Model/Colour	TAXI COMFORT
Details Of Properties	4TH CAR
Vehicle Category	TAXI
Name of Driver	GOH TECK CHAI
NRIC/Passport Number	
Contact Number	98895078

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ6986J
Vehicle Make/Model/Colour HONDA HRV BLUE
Details Of Properties 2ND CAR
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number S7215368E
Contact Number 98455606
Address
Postcode
Insurance Company Name
Nature Of Damage BACK OF VEHICLE BUMPER HIT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKK6226M
Vehicle Make/Model/Colour
Details Of Properties 1ST CAR
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)

Sketch Plan

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: 4/8/20 9:45am

Driver's Signature

(If driver is not the policyholder)

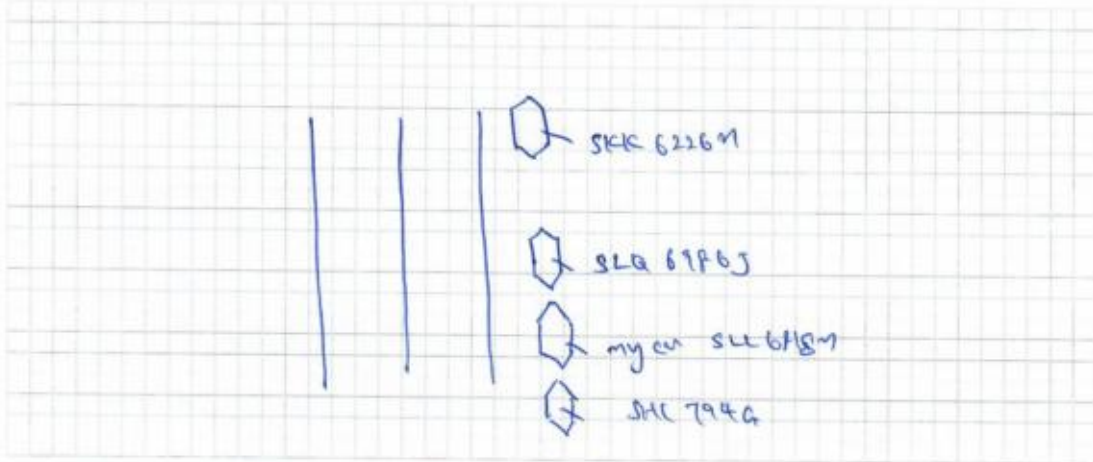
Date & Time: 4/8/20 9:45am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the 1st lane along the road towards NE.
 Car in front of me was SLQ 6986 J and car behind was JHC 794 G.
 The car in front of me suddenly switched on hazard lights and
 braked to complete stop suddenly. I ~~was then~~ could not brake in
 time and crashed into his back, subsequently the car behind me crashed into
 me (chain collision).
 No one was injured.

From what I can see, there was a separate car SKK 6226 M in front
 of SLQ 6986 J with the back bumper ~~off~~ affected. ~~He~~ I
 am unsure if he was also involved in the chain collision.

DECLARATION

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

Policyholder's Signature
 Date & Time: 4/8/20 9:52am

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 4/8/20 9:52am

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



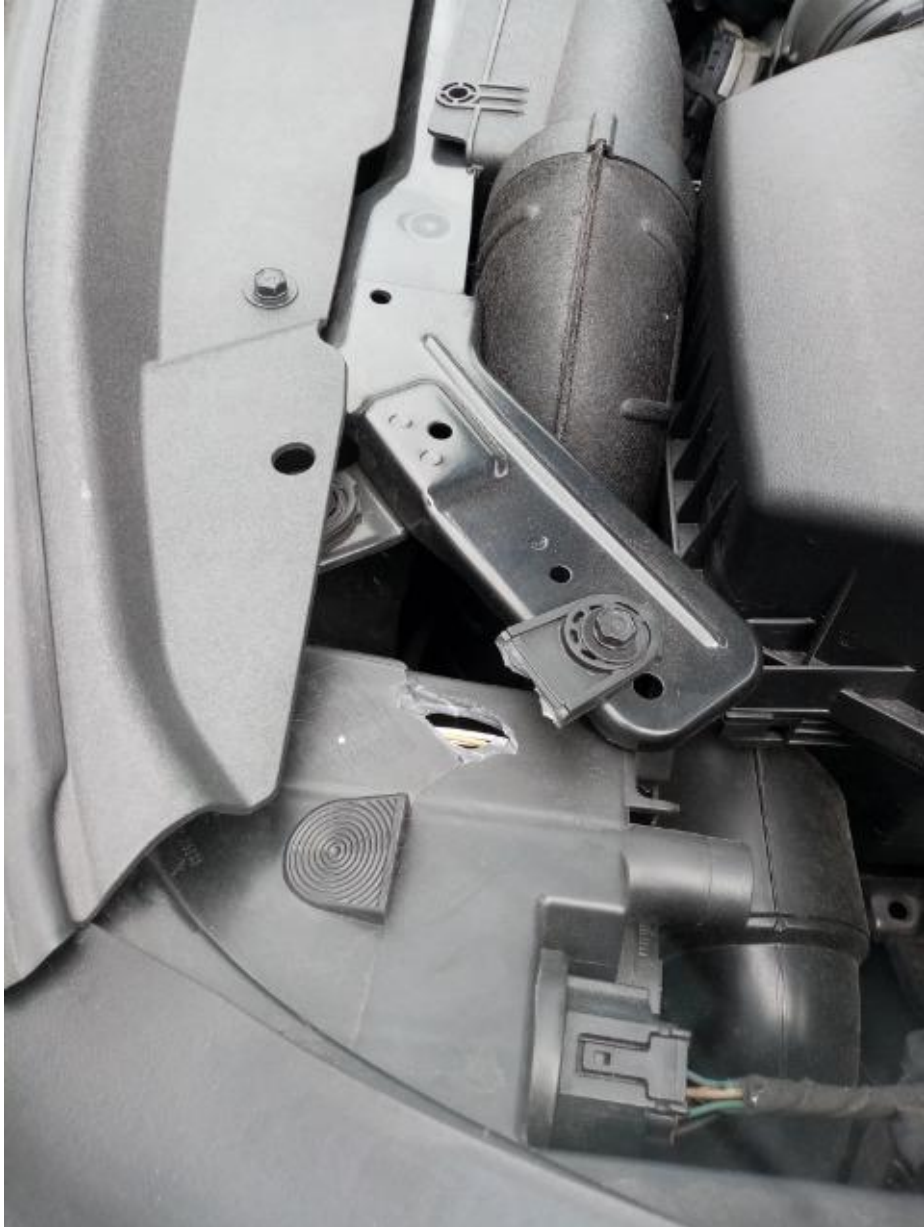
Accident Photo



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Accident Photo



ODOMETER



CHASSIS



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Sep 2009

FOR C&C USE ONLY

Licence No: S9024083H

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9024083H

Name
TOH ZHI HONG
(ZHUO ZHIHONG)

Birth Date 05 Jul 1990
Issue Date 17 Sep 2009

FOR C&C USE ONLY

001785627J

Identification Card

