

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	23/09/2020 16:48
Date Of Accident	23/09/2020 12:15
Exact Location Of Accident	CTE TOWARDS CITY NEAR 7D
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9942Y
Insured/Policyholder	
Name Of Registered Owner	TOH MENG TIAK
NRIC No	SXXXX215A
Email Address	MENGTIAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97698634
Alternative Phone No	OTHERS-97698634
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO LUNCH APPOINTMENT
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800110326
Cover Note Number	

Driver

Name of Driver	TOH MENG TIAK
NRIC No	SXXXX215A
Date Of Birth	04/10/1986
Occupation	INDOOR
Date Of Driving Pass	23/10/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97698634
Fax Number	
Contact Number	OTHERS-97698634
Email Address	MENGTIAK@GMAIL.COM

Address BLK 29 GHIM MOH LINK #23-326
Postcode 270029
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 -
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 5
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 SMA7069Y
Vehicle Make/Model/Colour HONDA SHUTTLE/WHITE
Details Of Properties 1ST CAR
Vehicle Category PRIVATE CAR
Name of Driver NEO SHU HUA
NRIC/Passport Number SXXXX339Z
Contact Number 92977629
Address
Postcode
Insurance Company Name
Nature Of Damage DENTS ON BACK
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMR3519C

Vehicle Make/Model/Colour	
Details Of Properties	3RD CAR
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE JUN WU
NRIC/Passport Number	
Contact Number	92391104
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB2533K
Vehicle Make/Model/Colour	
Details Of Properties	4TH CAR
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMP3118L
Vehicle Make/Model/Colour	
Details Of Properties	5TH 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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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: 23/04/20
1510


Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/04/20
1510


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A: SMD 9942Y

D: SMP 3118L

B: SMR 3519C

E: SMA 7069Y

C: SHB 2533K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 12:5pm on 23/9/2020, along the first lane on CTE towards city, near exit 70, white Honda Shuttle SMA7069Y jammed brake and I followed suit. Behind me, white Mercedes A200 ^{SMR3519C} was not able to brake in time and hit me. Due to the great impact of being hit from the back, my car was pushed forward and ~~hit~~ ended up hitting the ~~white~~ SMA7069Y. Behind SMR3519C there was also yellow Citycab SHB2533K and gray Toyota Vios SMP3118L involved in the chain collision.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/09/20, 1510

10/01/2010 Sketch Plan Form, V.3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/09/20

1510

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: