

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	21/09/2020 13:12
Date Of Accident	20/09/2020 11:30
Exact Location Of Accident	CTE EXIT UPPER SERANGOON (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1720S
Insured/Policyholder	
Name Of Registered Owner	ONG SOR HOON
Passport No/FIN	SXXXX372G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93805548
Alternative Phone No	Others-94237773

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900019375
Cover Note Number	

Driver

Name of Driver	GAN TONG YIN
NRIC No	S7374092D
Date Of Birth	16/02/1973
Occupation	INDOOR
Date Of Driving Pass	21/08/2000
Driving Experience	20 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94237773
Fax Number	
Contact Number	
E-Mail Address	JGG099@YAHOO.COM.SG
Address	BLK 221 YISHUN STREET 21 #07-423
Postcode	760221
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	SIDE SWIPE
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?	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: : ONG SOR HOON Gender: : Female
Passenger 2	Name: : ISABELLA GAN 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	FBC8087H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMAD SUHAFIZUL BIN SULAIMAN
NRIC/Passport Number	
Contact Number	88929615
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	MUHAMAD SUHAFIZUL BIN SULAIMAN
Approximate Age	
Injuries Sustain	LEFT ELBOW (ABRASION)
Injured person in which vehicle?	FBC8087H
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

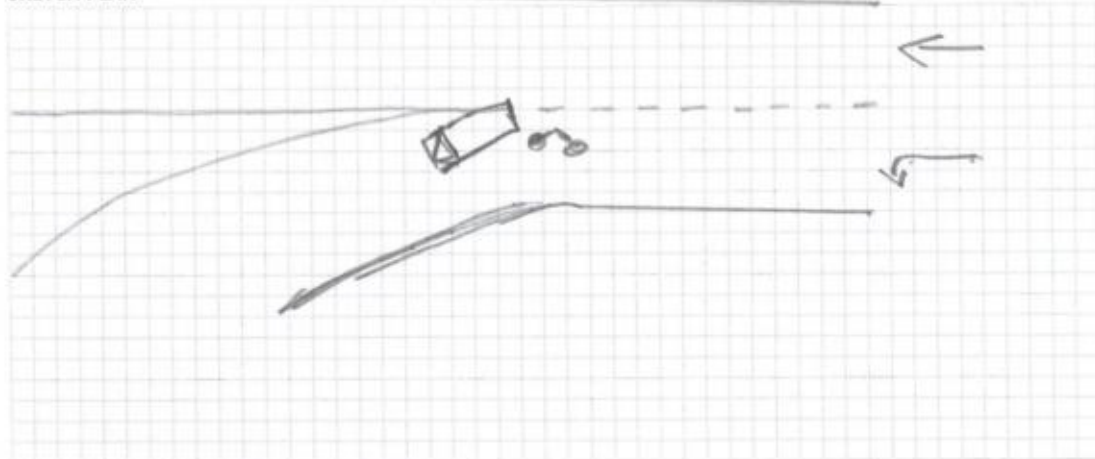
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/9/2020
9.07 AM


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/09/2020
9.07 am


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>Travelled along CTE exit Upper Serangoon Road, noticed motor bike travelled at fast speed. We slowed down with signal.</p>
<p>Motorist changed his direction ^{close} and knocked onto our car.</p>
<p>Motorist lost his own balance and fall. His bike slide ^{fall}, and passenger door, tyre rim damaged.</p>
<p>Non-emergency ambulance passed by and stopped to attend him. Helped to bandage left elbow (Abrasion). No other injuries. We called ambulance and Traffic Police.</p>
<p>2nd ambulance came and was informed by first ambulance medic that motorist had injuries on same area a year ago.</p>
<p>Traffic Police checked with motorist and he signed refusal to go hospital (Attached)</p>
<p>Medic and traffic police advised him to visit neighbourhood clinic for medication.</p>

DECLARATION

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

Policyholder's Signature

Date & Time: 21/9/2020
9:07 AM

Q248MC (Rev01) Part 4 (Form 1) V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/9/2020
9:07 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



CHASSIS



ODOMETER



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7374092D

Name
QAN TONG YIN

Ethnicity
CHINESE

Date of Birth
15-02-1973

Gender
M

Country of Place of Birth
MALAYSIA

FOR C&C USE ONLY



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