

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 Submission	02/12/2020 09:22 (SGT)
Date of Accident	01/12/2020 17:22 (SGT)
Exact Location of Accident	Teban Gardens, Singapore
Additional Location Information	TEBAN FLYOVER TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1603L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG THYE ANN
NRIC No	SXXXX765F
Email Address	thyeann@gmail.com
Mobile Phone No	(Phone) +65-96601164
Alternative Phone No	(Home) +65-96601164

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070054927
Cover Note Number	-

DRIVER

Name of Driver	NG THYE ANN
NRIC No	SXXXX765F
Date Of Birth	17/10/1977
Occupation	Indoor

Date Of Driving Pass	07/05/1998
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96601164
Alt. Phone Number	(Home) +65-96601164
Email Address	thyeann@gmail.com
Address	Blk 1A Cantonment Road Road
Address complement	#23-05
Postcode	085101
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

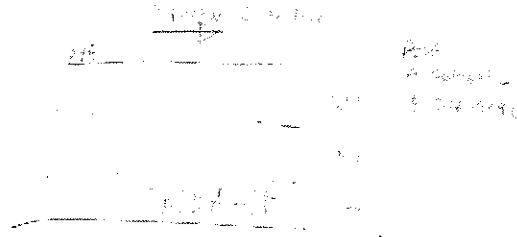
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1539G
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	KWEK LAK TEE
NRIC No	SXXXX742H
Contact Number	(Phone) +65-97395922
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on lane 2 along Hill towards city At Takap Pigeon
as I was slowing down due to the car in front of me
a car crashed into my rear of my car. The time of
accident is at 17:22 on 1 Dec 2017 (Tuesday)
The weather was bright and sunny at that time

Particular of this driver
Name: Kenneth Lee Teo (93895422)
IC: S1605742H
Car: 140 cc motor car
Plate no: CHA153AG

DECLARATION

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

Reported by: Kenneth Lee Teo
Date & Time: 1 Dec 2017 17:22

Witness Signature:
Name: Kenneth Lee Teo
Date & Time: 1 Dec 2017 17:22

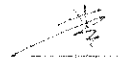


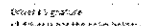
Reporting Officer's Signature:
Name: Kenneth Lee Teo
Date & Time: 1 Dec 2017 17:22

SKETCH PLAN

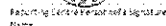
IMPORTANT NOTICE

1. Please report correctly the details of the accident to your respective insurer.
2. This report must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow the insurer to **rescind the policy liability**.
4. The issue and acceptance of this form by insurer is **not** an admission of policy liability on the part of the insurer or insured.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurer to the Civil Road Traffic Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the completion 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 as stated.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I, the Policyholder, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information on my own (or jointly or 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 insurers who have insured vehicles involved in this accident (together with all insurers who have insured vehicles involved in this accident and collectively referred to as the "Insurers"), the insurers' workshop firms, the Motorway Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 obligations or responding to any enquiries;
 - (iv) administering my claims including the making of compensation statements by the insurers and/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 various cover of relevant personal packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims exclusively for "Purposes 1".
 - (b) all Insurers who have insured vehicles involved in the accident and the insurers' insurers law firms may be 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 be disclosed by any of the insurers and/or GIA to the relevant party service providers or agents (including the insurers' law firms) which may be utilised for the purpose 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 (c) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, settling or managing fraud;
 - (ii) to all relevant enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations laws or court orders.


 Policyholder's signature
 Name & Name


 Driver's signature
 If Driver is not the policyholder:
 Date & Name




 Insuring Certificate holder's signature
 Name
 NRIC No.









[illegible]