

# 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 .....	22/05/2021 11:32 (SGT)
Date of Accident .....	21/05/2021 15:00 (SGT)
Exact Location of Accident .....	Near 150 Beach Rd, Singapore 189720
Additional Location Information .....	Construction Site Along Nicoll Highway
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE7772J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JEFTER ENGINEERING PTE LTD
Company Reg No .....	2XXXXX899E
Email Address .....	alexchoo@istartrading.com.sg
Mobile Phone No .....	(Phone) +65-6562388
Alternative Phone No .....	(Office) +65-6562388

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070059016-01
Cover Note Number .....	29/03/2021-28/03/2022

### DRIVER

Name of Driver .....	Choy Kam Chiew
NRIC No .....	SXXXX840I

Date Of Birth .....	11/09/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	14/06/1976
Driving experience .....	44 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97533571
Alt. Phone Number .....	-
Email Address .....	alexchoo@istartrading.com.sg
Address .....	Blk 952 Jurong West St 91 #04-723
Address complement .....	-
Postcode .....	640952
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### 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

Kindly refer to the sketch plan

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XB8263K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Kaliaperumal Balaji
Passport No/FIN .....	GXXXX066P
Contact Number .....	-
Address .....	-

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

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

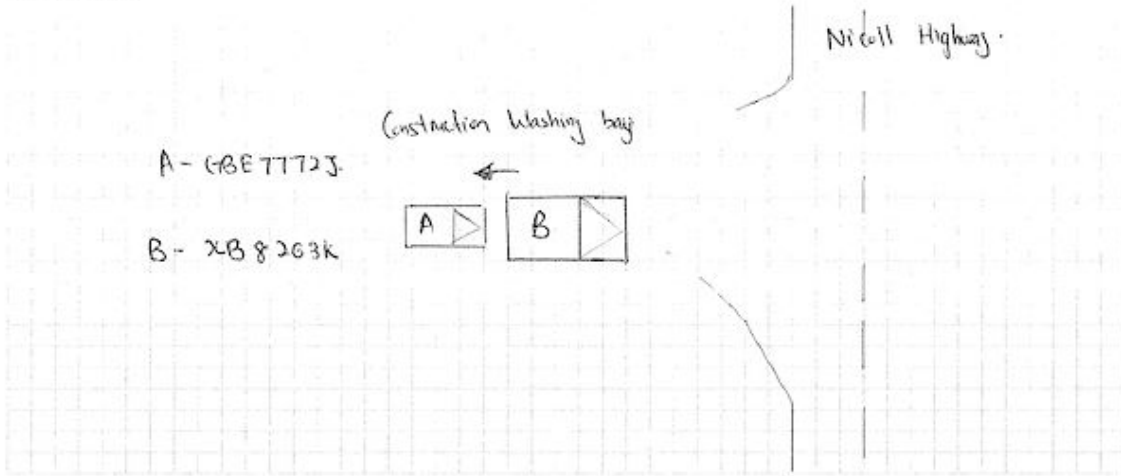
Policyholder's Signature  
Date & Time:

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

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

(GIA/SKPD: Sketch Plan Form 1.2)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the statement.

<p>You had been advised by workshop that in the event that you wish to <b>claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</b></p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD/ <input type="checkbox"/> at other workshop

DECLARATION

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

<p>Policyholder's Signature</p> <p>Date &amp; Time:</p>	<p>Driver's Signature</p> <p>(If driver is not the policyholder)</p> <p>Date &amp; Time:</p>	<p>Reporting Centre Personnel's Signature</p> <p>Name: <u>Rakusuman Anand</u></p> <p>NRIC/FIN No.:</p>
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On 21/05/2021 at about 3 pm I was at the construction site along Nicoll Highway. I went in to deliver goods to the project site. After done with delivery I drive out my lorry to the exit. At the exit, I stop my lorry behind Vehicle B waiting for my turn to wash the lorry. Suddenly Vehicle B reverses towards my lorry, even though I horn the vehicle B did not stop and collided with my vehicle. My vehicle damaged at the frontal portion and the windscreen crack. No visible damage to Vehicle B.

Phary  
22/5/2021.

















