

## 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 .....              | 16/08/2021 09:52 (SGT)   |
| Date of Accident .....                | 14/08/2021 11:25 (SGT)   |
| Exact Location of Accident .....      | Near Singapore, Bukit Timah Rd, Overhead Bridge                    |
| Additional Location Information ..... | Along Bukit Timah Rd > Rochor Rd (Before Kampong Java Rd Junction) |
| Country/State of Loss .....           | Singapore  |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBE1882P |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | Yes                   |
| Name Of Registered Owner ..... | PRIVE GROUP PTE LTD   |
| Company Reg No .....           | 200906275C            |
| Email Address .....            | info@prive.com.sg     |
| Mobile Phone No .....          | (Phone) +65-67798918  |
| Alternative Phone No .....     | (Office) +65-67798918 |

#### VEHICLE PARTICULARS

|  |                                    |
|--|------------------------------------|
| Manufacturer .....   | Toyota                             |
| Model .....  | Hiace                              |
| Variant .....  | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| 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 - Reporting only                |
| Vehicle Category .....   | Commercial vehicle                 |
| Transmission .....   | Manual                             |
| CC .....   | 2982                               |

#### INSURANCE COMPANY

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Name of Insurance Company ..... | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage .....          | Comprehensive                        |
| Fleet Policy .....              | No                                   |
| Policy Number .....             | 1800106948-02                        |
| Cover Note Number .....         | 22/09/2020-21/09/2021                |

#### DRIVER

|                      |                     |
|----------------------|---------------------|
| Name of Driver ..... | Hamry Bin Ham Kamsi |
|----------------------|---------------------|

|  |                                  |
|--|----------------------------------|
| NRIC No .....  | S8041491I                        |
| Date Of Birth .....  | 03/11/1980                       |
| Occupation .....   | Outdoor                          |
| Date Of Driving Pass .....   | 29/09/2020                       |
| Driving experience .....   | 11 MONTHS                        |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-88937068             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | hamryhamkamsi@gmail.com          |
| Address .....  | Blk 271 Bukit Batok East #04-166 |
| Address complement .....   | -                                |
| Postcode .....   | 650271                           |
| 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 - Change/cross lane |
| 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 vehicle 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 ..... | SHC6405R             |
| Vehicle Manufacturer .....        | Kia                  |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Taxi                 |
| Name of Driver .....              | Chua Soo Keong       |
| NRIC No .....                     | S1700460C            |
| Contact Number .....              | (Phone) +65-88937068 |

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

## SKETCH PLAN

## 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:

16/08/21  
0940

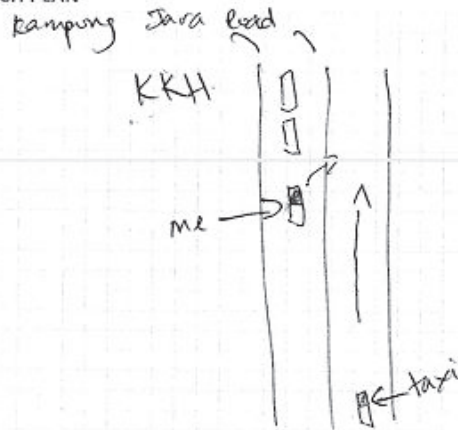
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16/08/21  
0940

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

*[Signature]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Moving off from 2nd lane to 1st lane because traffic jam at 2nd lane, furthermore I'm going to turn right at Rochor Road.

Signalled right, saw the taxi about 30 metres away behind on the 1st lane.

Then I turned right but the taxi does not slow down instead pick-up speed

when near to impact I manage to jam break but it seems that the taxi still accelerate. so the left front side of ~~the~~ his vehicle hit my right front (behind the wheel).

You had been advised by workshop that in the event that you wish to 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.

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Reporting Only                  |
| <input type="checkbox"/>            | Claim OD                        |
| <input type="checkbox"/>            | Claim TP                        |
| <input type="checkbox"/>            | Claim OD / TP at other workshop |

DECLARATION

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



Policyholder's Signature  
Date & Time:

16/08/21  
0940

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

slamy 16/08/21  
0940

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