

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	06/09/2021 17:38 (SGT)
Date of Accident	04/09/2021 09:30 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	SLIP RD INTO OLD JURONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8523E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIAXING HOLDINGS PTE LTD
Company Reg No	201510104W
Email Address	jjaxingacc@gmail.com
Mobile Phone No	(Phone) +65-81238802
Alternative Phone No	+65-81238802

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210081572
Cover Note Number	-

DRIVER

Name of Driver	BIPLOB
Passport No/FIN	G2228287K

Date Of Birth	02/01/1990
Occupation	Outdoor
Date Of Driving Pass	15/05/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80195025
Alt. Phone Number	-
Email Address	jjaxingacc@gmail.com
Address	89 KAKI BUKIT AVE 1 #02-00
Address complement	-
Postcode	417957
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SIEW WAI KIAN
Gender	Male

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

ON THE 04/09/2021 AT 9AM, I ENTER THE SLIP ROAD FROM UPPER BUKIT TIMAH ROAD INTO OLD JURONG ROAD. I SAW VEHICLE B (SH7769C) IN FRONT OF ME WAITING TO STOP TO LOOK OUT FOR ONCOMING CARS AND I ALSO STOP. WHEN TRAFFIC IS CLEAR, HE MOVED OFF AND I MOVE OFF AFTER HE IS A DISTANCE AWAY. WHEN HIS VEHICLE WAS ALREADY INTO OLD JURONG ROAD, SUDDENLY A VEHICLE C COME IN VERY FAST ON HIS RIGHT SIDE AND HE STOPPED. I APPLIED EMERGENCY BRAKE BUT COULDN'T STOP IN TIME AND COLLIDED ONTO IT'S REAR BUMPER.

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	SH7769C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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.




Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to sketch plan attached.


Describe Circumstances of the Accident

On the 4th Sep 2021 at 9am, as I enter the slip road from Upper Bukit Timah Road into Old Jurong Road. I saw vehicle B SH7769C in front of me waiting stop ~~waited~~ to look out for on coming cars. and I also stop. When traffic is clear he moved off and I move off after he is a distance away. When his vehicle was already into Old Jurong Road, suddenly a vehicle C come in very fast on his right side and he stopped, I apply emergency brake but couldn't stop in time and collided onto its rear bumper.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

















