

# 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 Actual 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 First Submission .....	19/08/2024 10:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/08/2024 10:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OPPOSITE WATERFRONT WAVES CONDO BEDOK RESERVOIR RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH6312P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ABHISHEK TANDON
NRIC No .....	S8267579E
Email Address .....	tandonabhishek@yahoo.com
Mobile Phone No .....	(Phone) +65-91782855
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220130151

### DRIVER

Name of Driver .....	DIPTI TANDON
NRIC No .....	S8189097H
Date Of Birth .....	18/04/1981
Occupation .....	Indoor
Driving Pass Date .....	17/09/2022
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81891749
Alt. Phone Number .....	-
Email Address .....	tandonabhishek@yahoo.com
Address .....	760 BEDOK RESERVOIR ROAD #05-14
Address complement .....	-
Postcode .....	479245
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### REF ATTACH

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN2262U
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Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
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**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

I understand, acknowledge, agree and consent that:

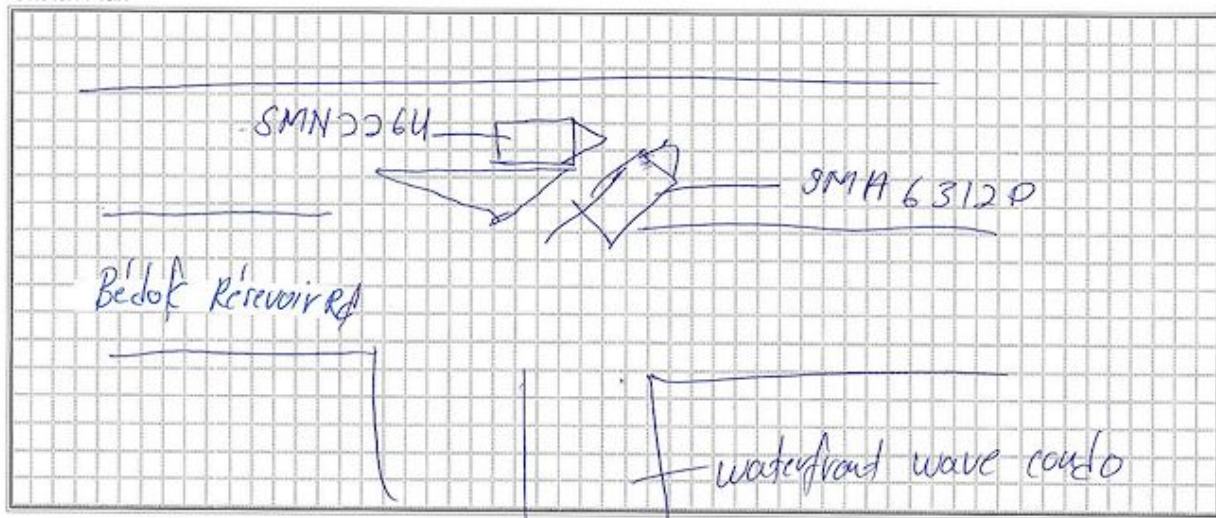
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

**Sketch Plan**



Describe Circumstance of the Accident

I was turning out from my condo and  
on-coming vehicle collided on my car.

Declaration

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

*[Signature]*  
12/8/2024  
11:40am

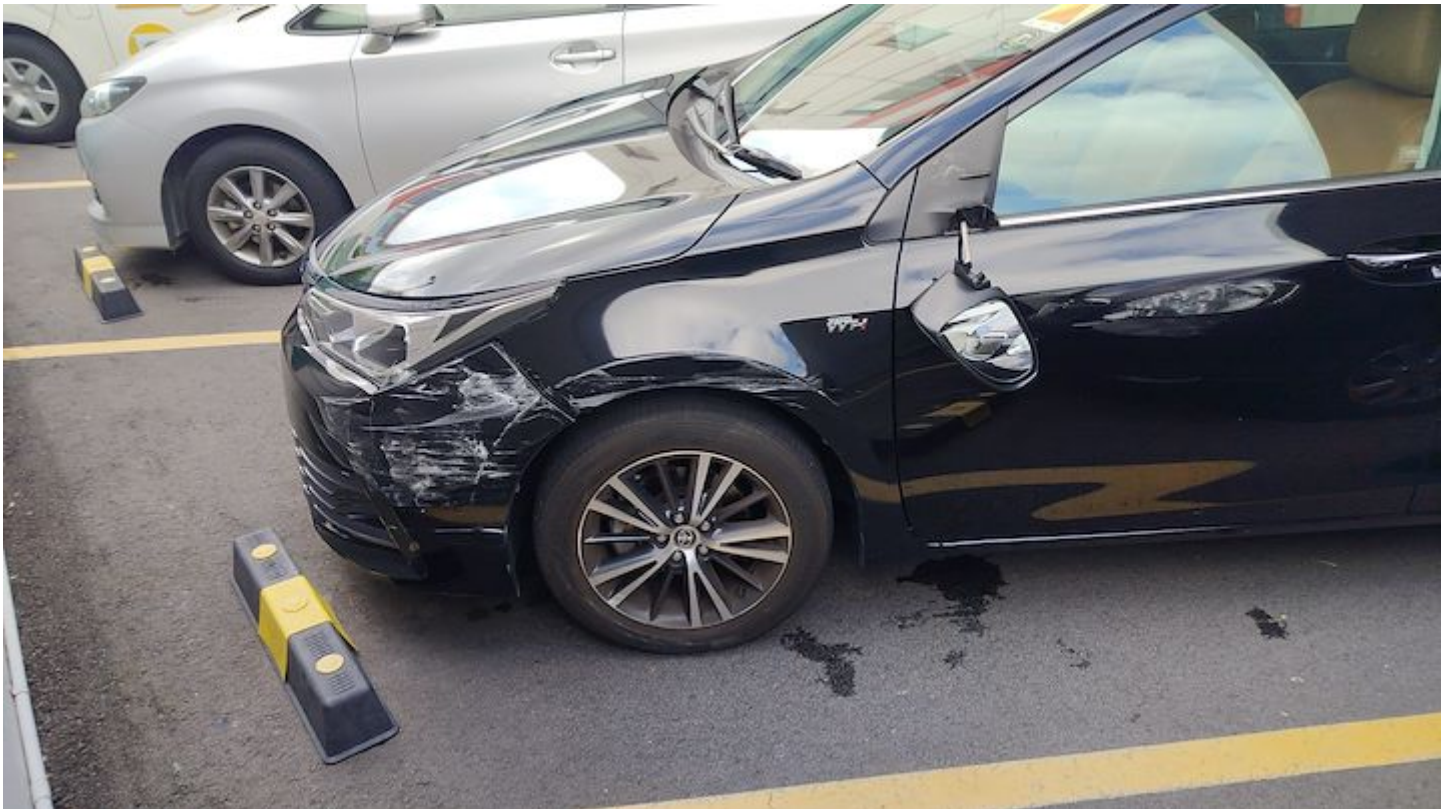
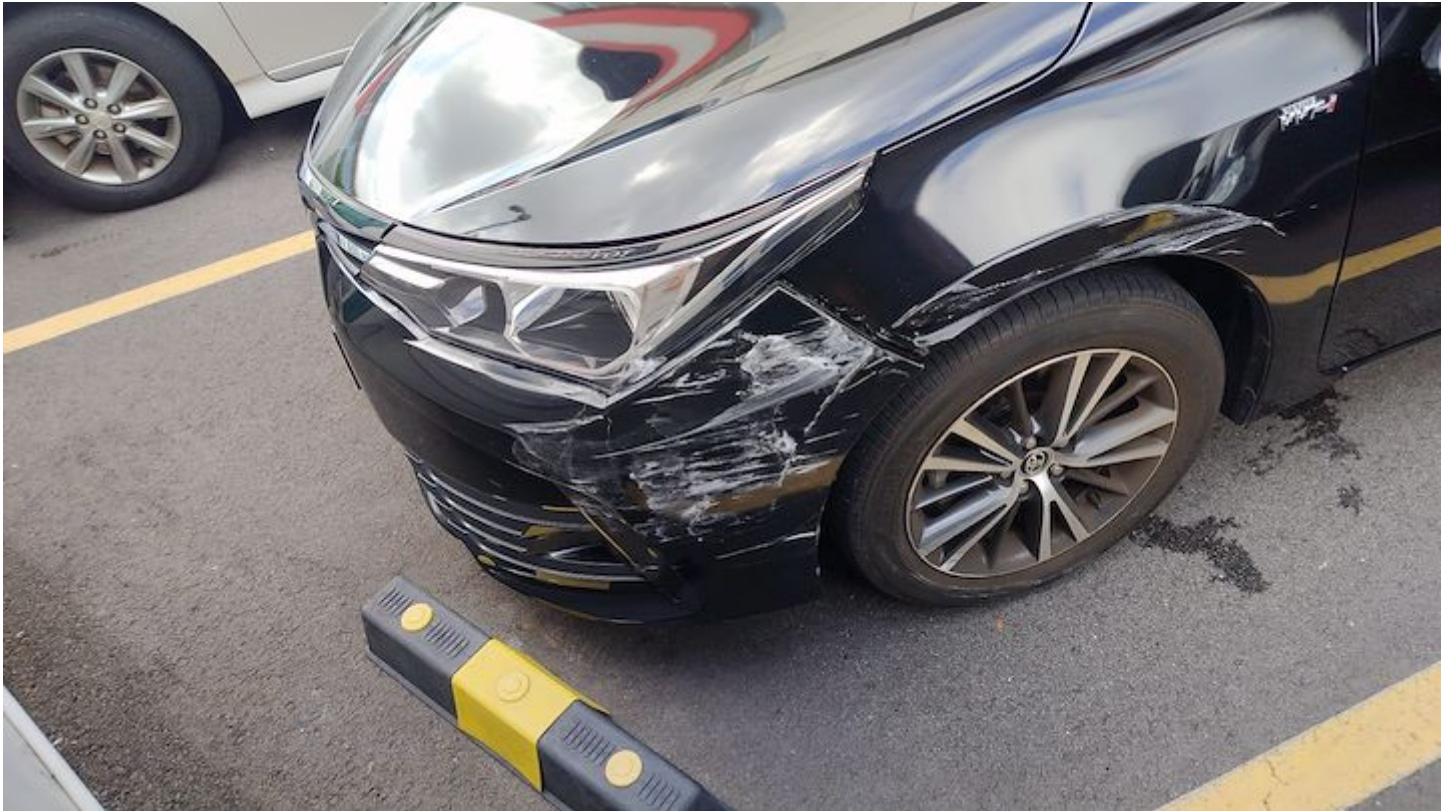
Policyholder's Signature / Date & Time

*[Signature]*  
17/8/24  
11:40am

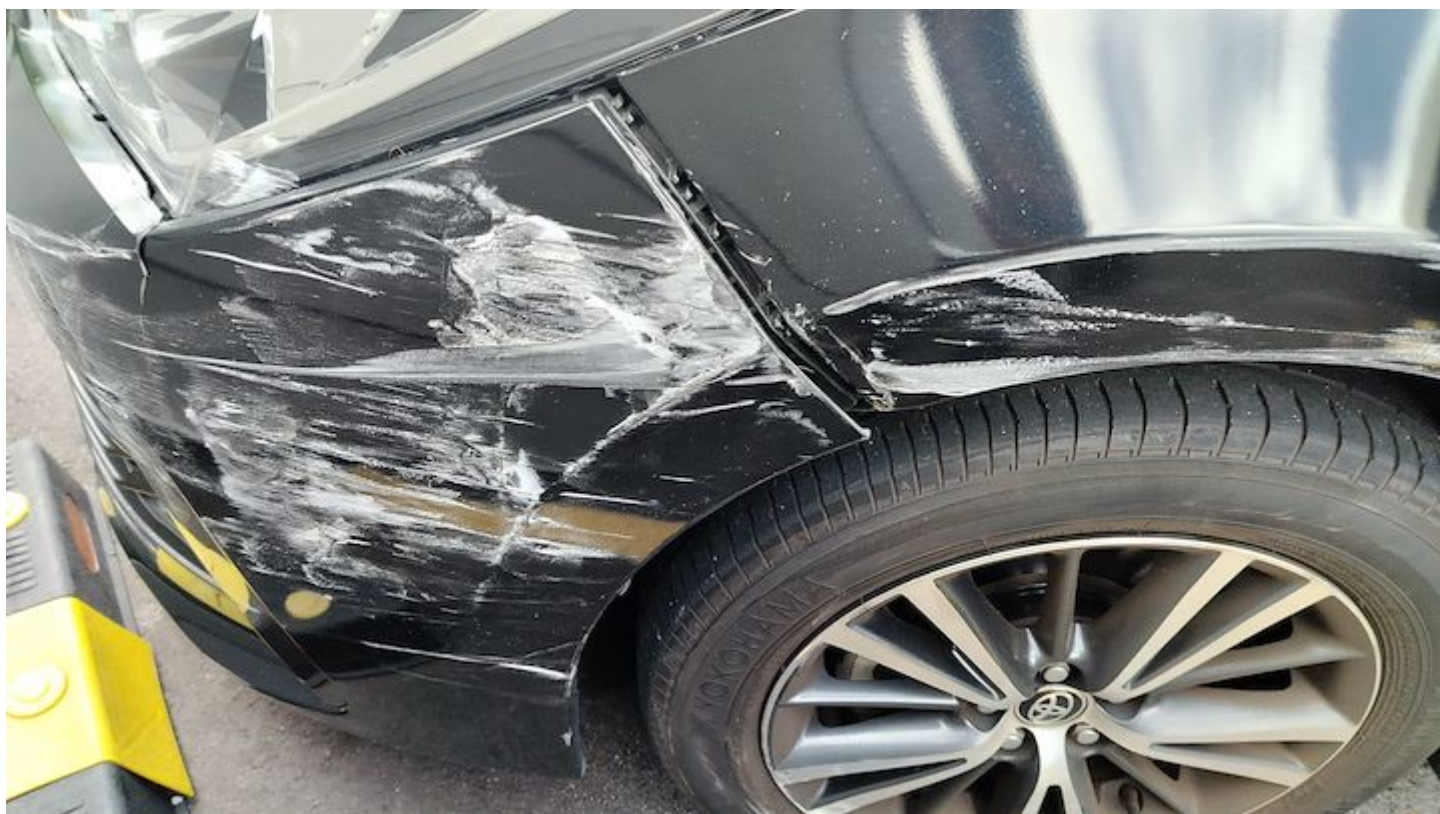
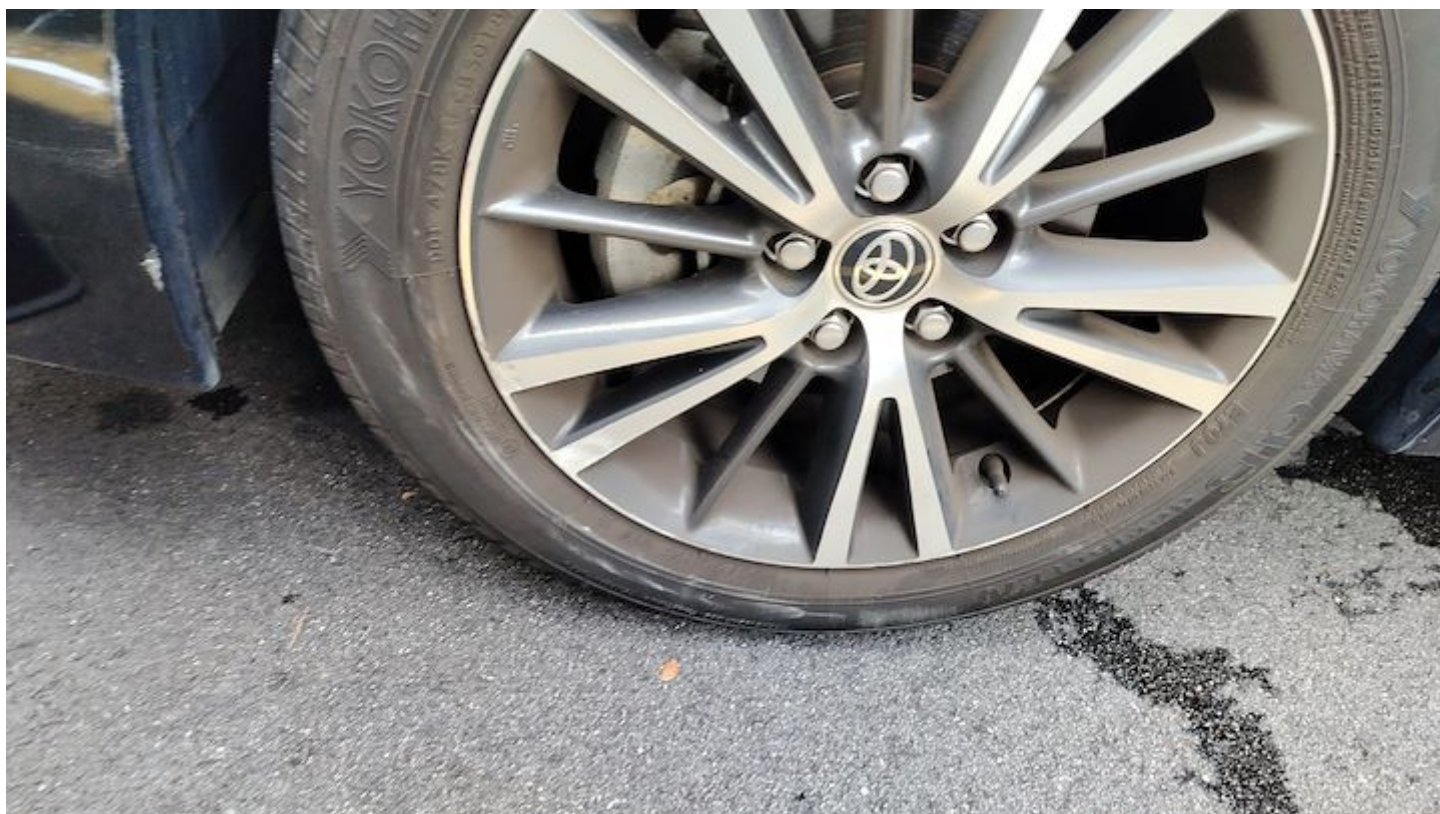
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

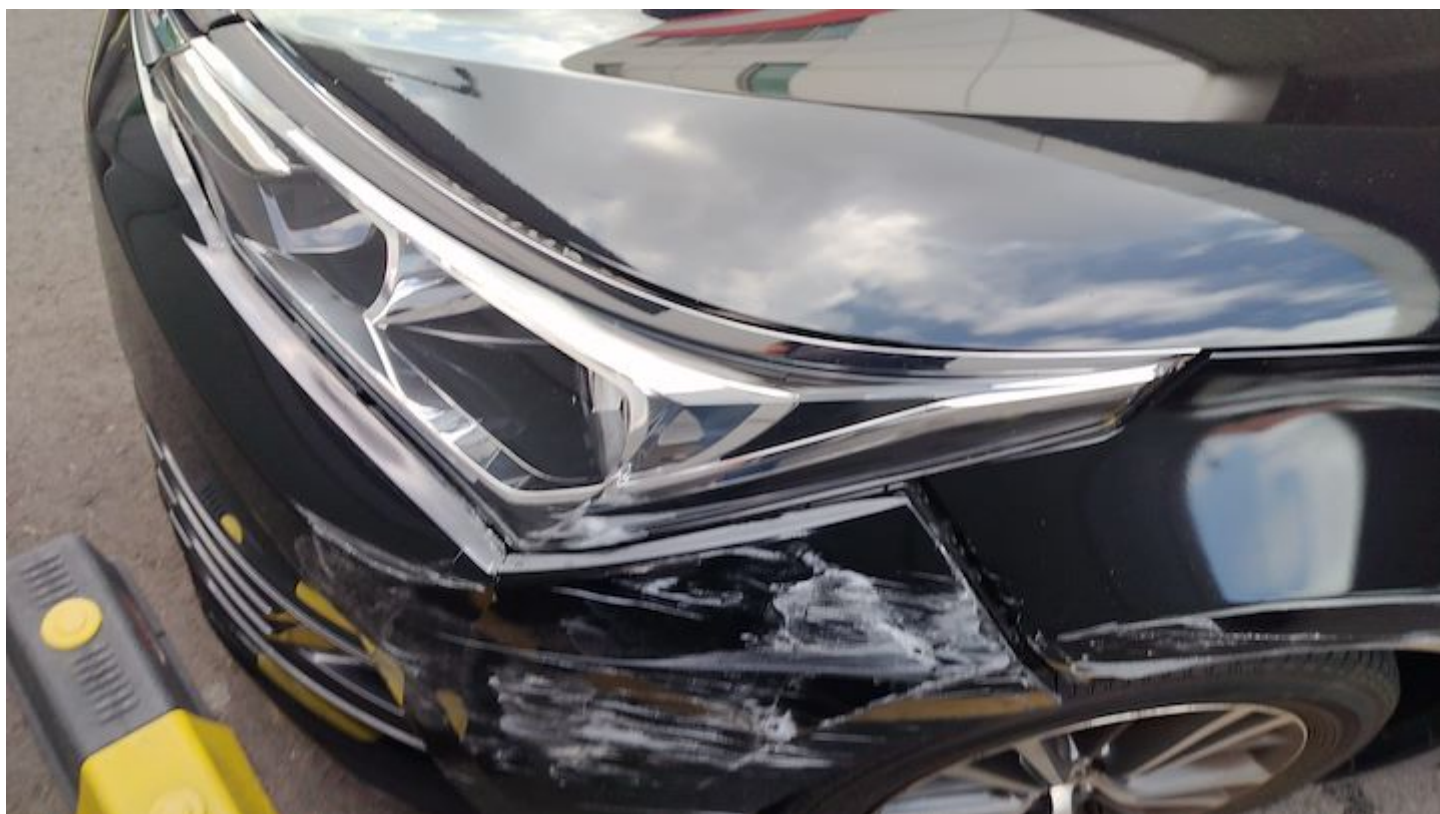




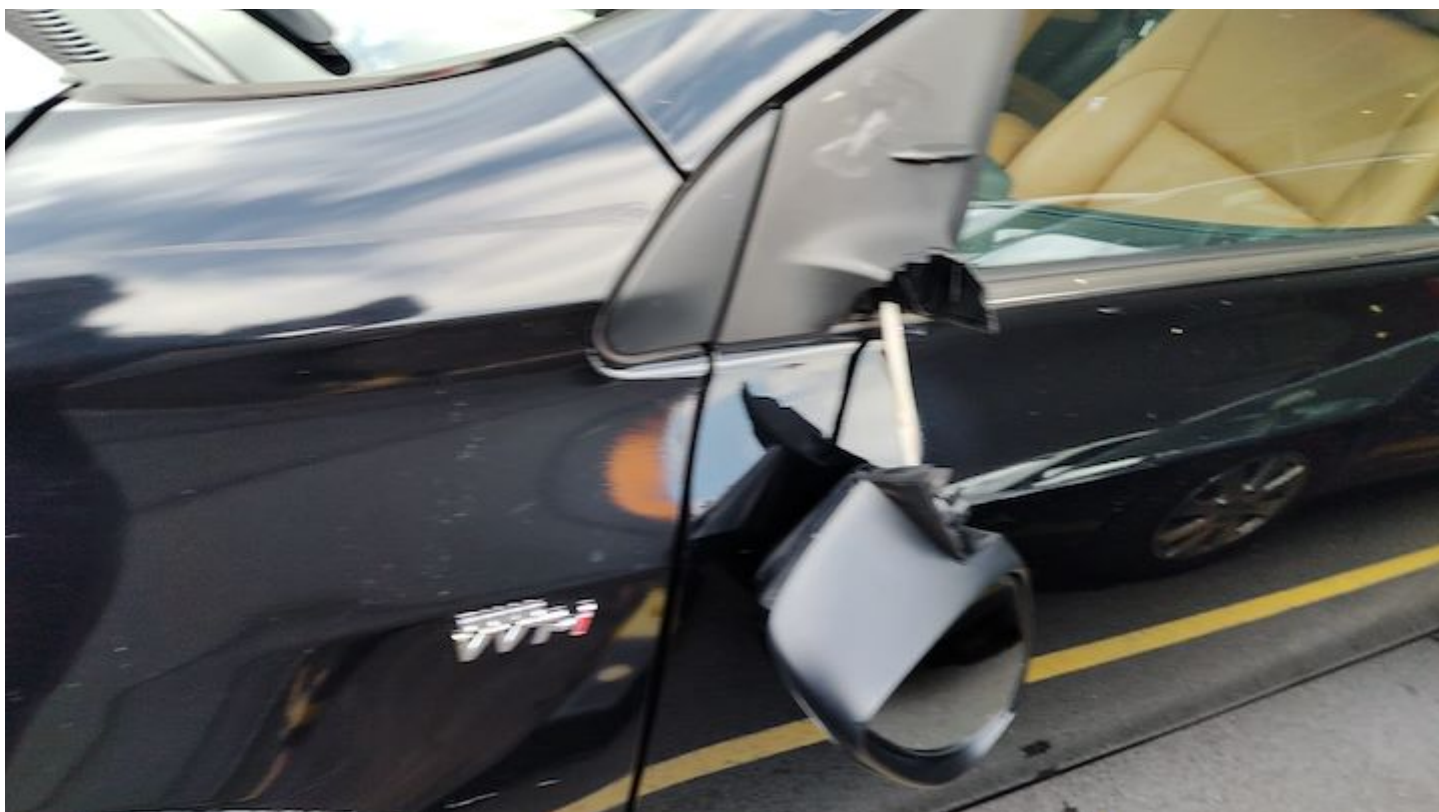










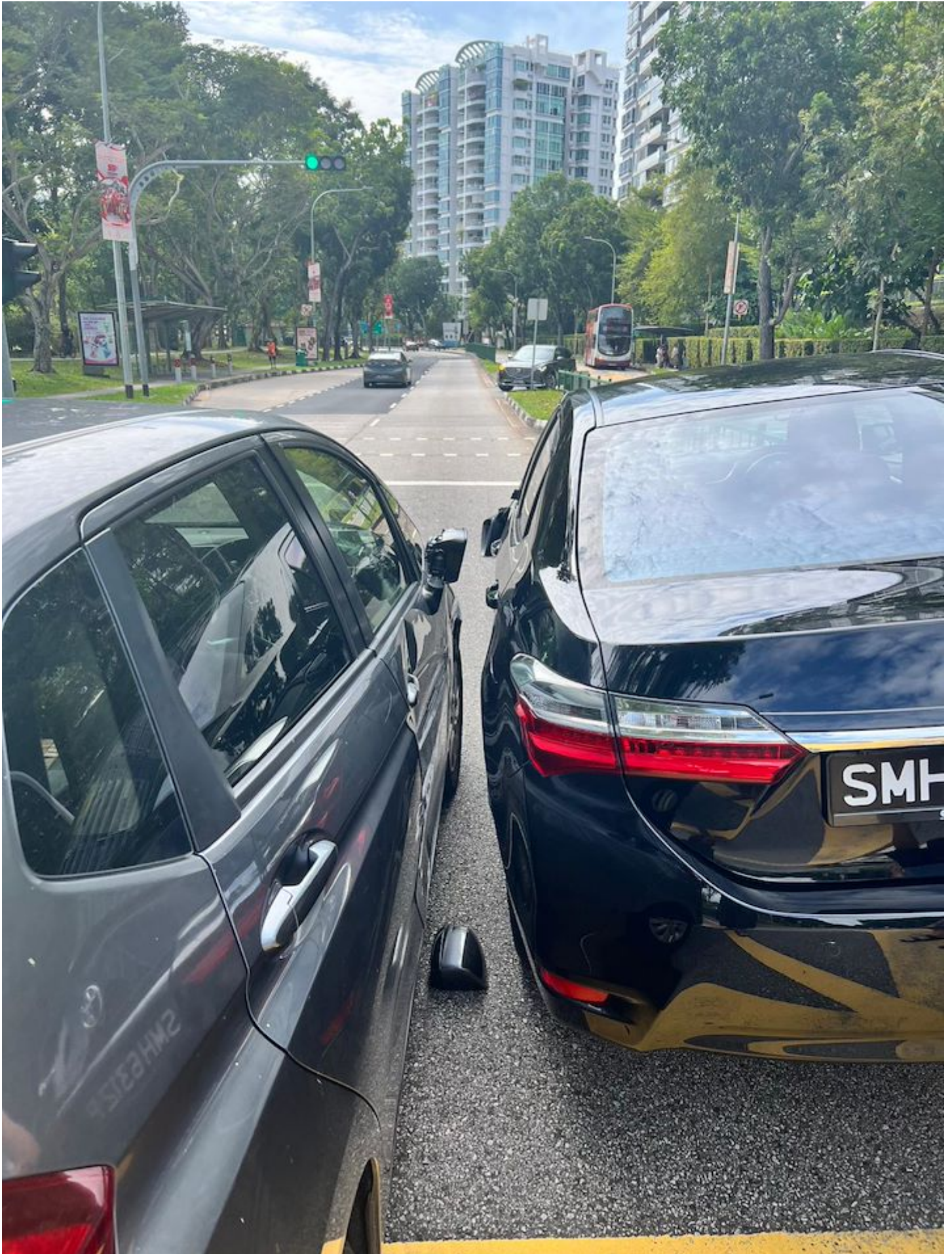
















































MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : DIPTI TANDON  
 VEHICLE NUMBER : SMH 6312P  
 DATE/TIME OF ACCIDENT : 17 Aug 2024 10:15 AM  
 PLACE OF ACCIDENT : OPPOSITE WATERFRONT WAVES  
 THIRD PARTY VEHICLE (IF ANY) : SMH2264

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

WATERFRONT WAVES To YU NENG SCHOOL

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

T JUNCTION COLLISION

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

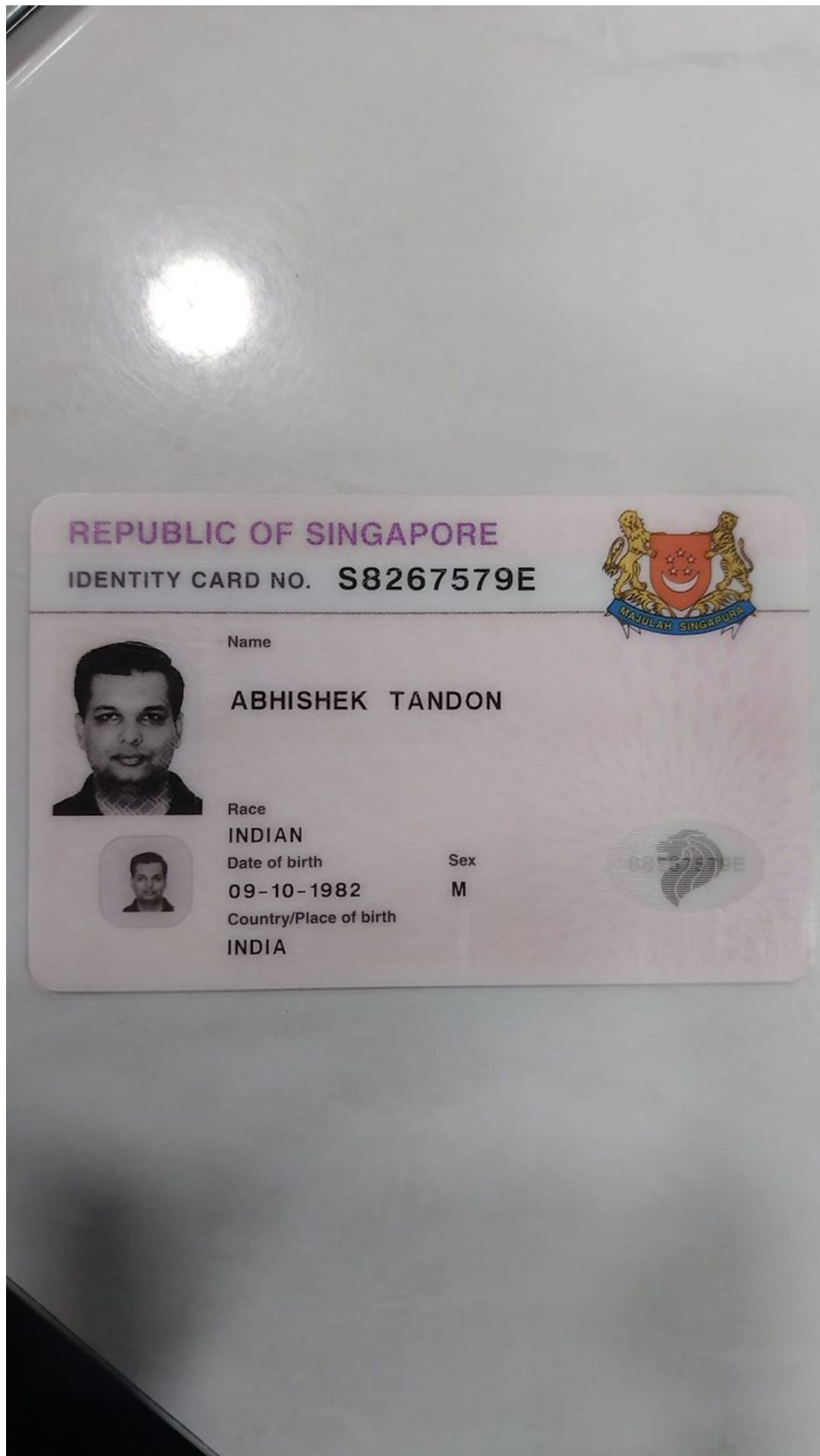
Name: Dipti Tandon

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.  
 AIG Building 7B Shenton Way #07-16 Singapore 079120  
 Tel: 6419 3000








11:34

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DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S8189097H 

CLASS AND ISSUE DATE

3A • 17 SEP 2022

CERTIFICATE OF MERIT

NOT ELIGIBLE


DEMERIT POINTS

0


CARD SERIAL NO.


003305396A

^ Hide details



Last updated on 17 Aug 2024

 Show NRIC

 Accident report SB0K248J0002

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REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD





NAME

DIPTI TANDON

NRIC NO.

S8189097H 

DATE OF BIRTH

18 APR 1981 

SEX

FEMALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

10 AUG 2022

ADDRESS

760 BEDOK 

RESERVOIR ROAD

#05-14

SINGAPORE 479245

^ Hide details



Last updated on 17 Aug 2024