

## 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 .....	12/09/2024 16:16 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	12/09/2024 11:20 (SGT)
Exact Location of Accident .....	Rivervale Cres, Singapore
Additional Location Information .....	REVERVALE CRESCENT NEAR BLK 180B
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH2999X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	POH WAI WYUN SAMUEL
NRIC No .....	S7115875F
Email Address .....	sampoh@gmail.com
Mobile Phone No .....	(Phone) +65-97736629
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
Variant .....	SUV
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1300
Vehicle Fuel .....	Petrol
First Registration Date .....	13/05/2022
Chassis no .....	SJNTAAJ12U1066855
Effective Date/Time of Ownership .....	13/05/2022 00:01 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220052035-01

#### DRIVER

Name of Driver .....	POH WAI WYUN SAMUEL
NRIC No .....	S7115875F
Date Of Birth .....	08/05/1971
Occupation .....	Outdoor
Driving Pass Date .....	13/08/1996
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	28 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97736629
Alt. Phone Number .....	-
Email Address .....	sampoh@gmail.com
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Major/Minor Rd
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

#### REFER TO ATTACHED AND VIDEO

#### 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 .....	SNP7872D
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Jazz
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	RAHMAN BINTE BUKARI
NRIC No .....	S1790538D
Contact Number .....	(Phone) +65-98254994
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**Describe Circumstances of the Accident**

WHILE EXITING CARPARK, I HIT THE PASSENGER SIDE OF THE CAR (SNP7872D)

## Declaration

We declare the foregoing particulars are true in every respect.

 12/9/24  
 Policyholder's Signature / Date &  
 Time 1:30 pm.

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

TAN CHONG MOTOR SALES PTE LTD  
19 LORONG 8 TOA PAYOH  
SINGAPORE 319755

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Witnessed by Reporting Centre  
Personnel

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

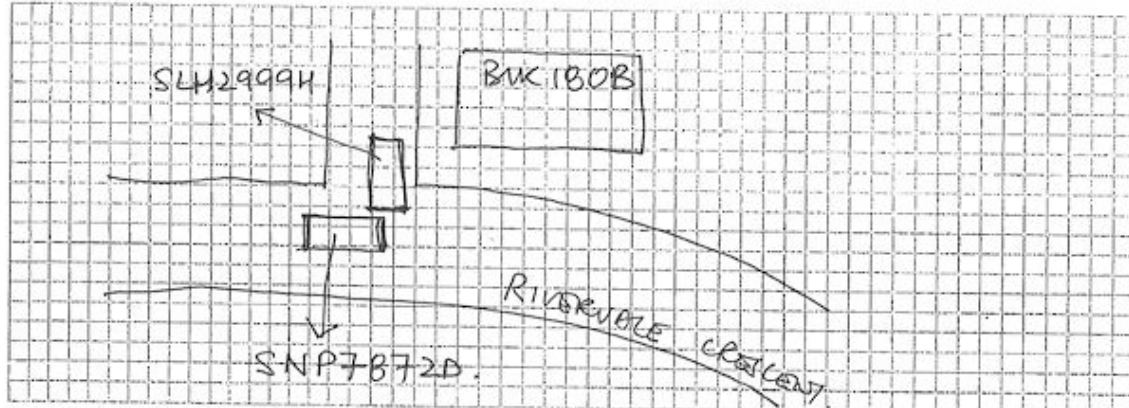
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre 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.
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.

*[Signature]* 12/9/24

Policyholder's Signature / Date & Time  
130pm.

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

TAN CHONG MOTOR SALES PTE LTD  
19 LORONG KRAJIA PAYOH  
SINGAPORE 319255  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



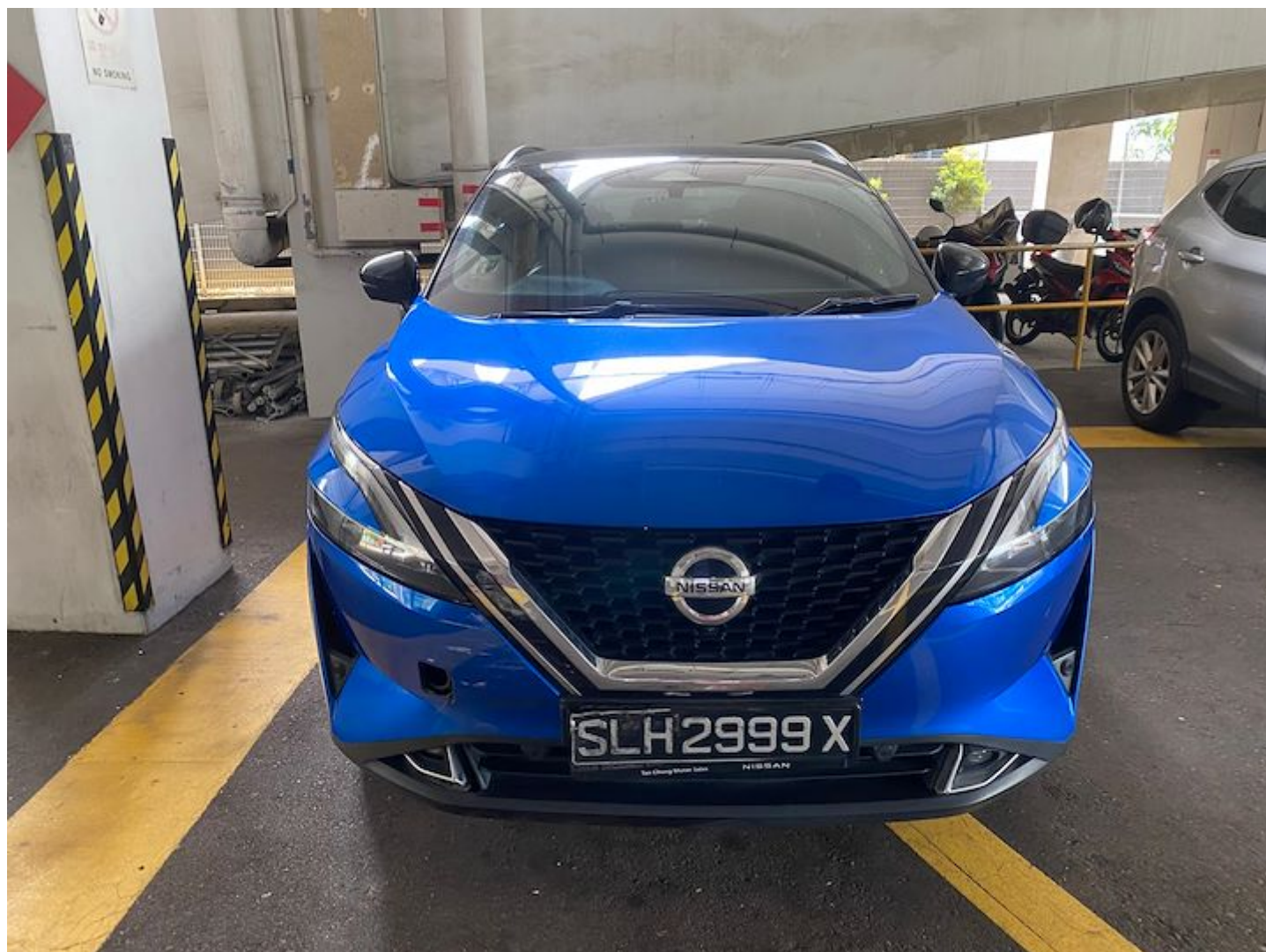










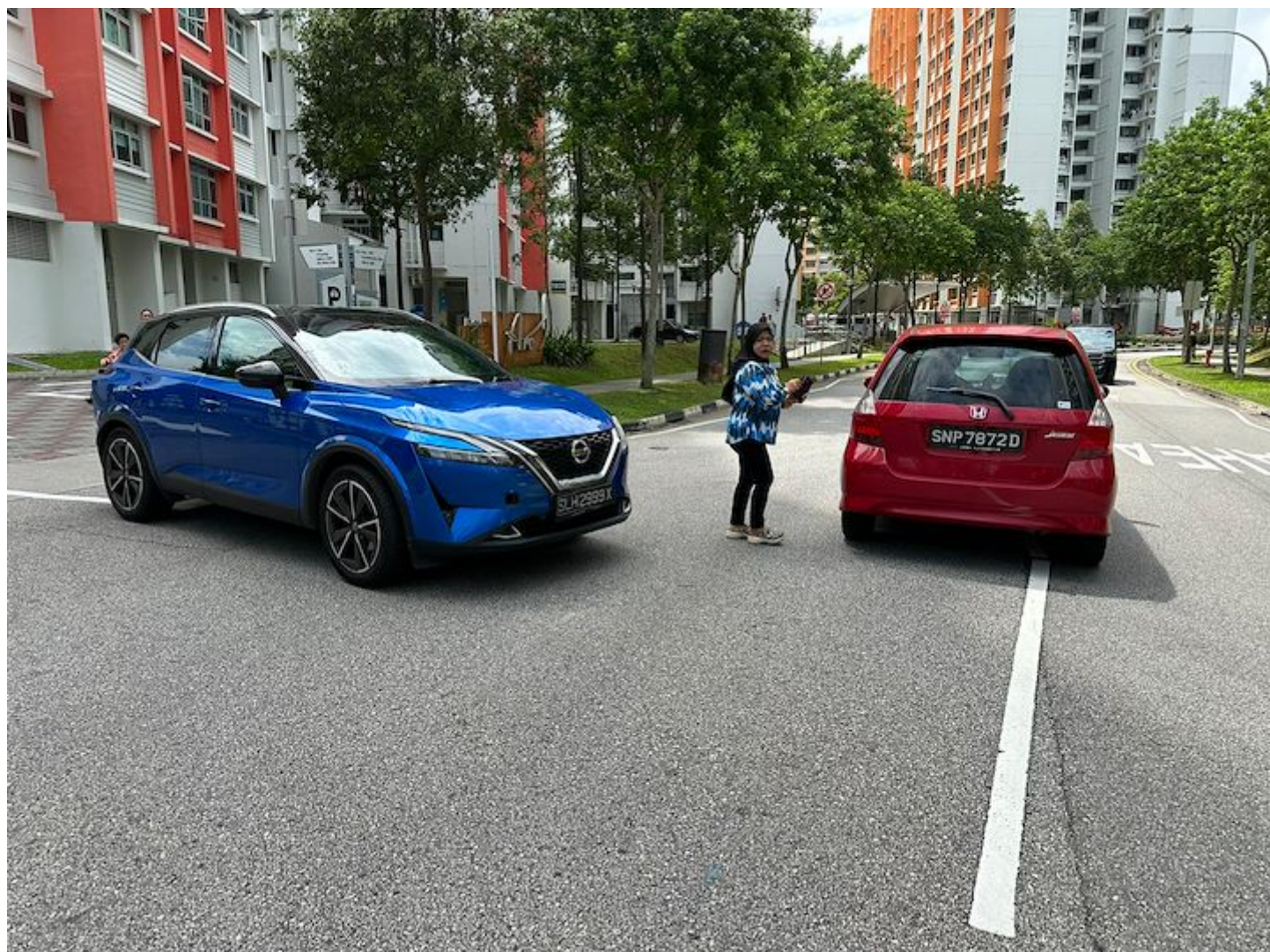












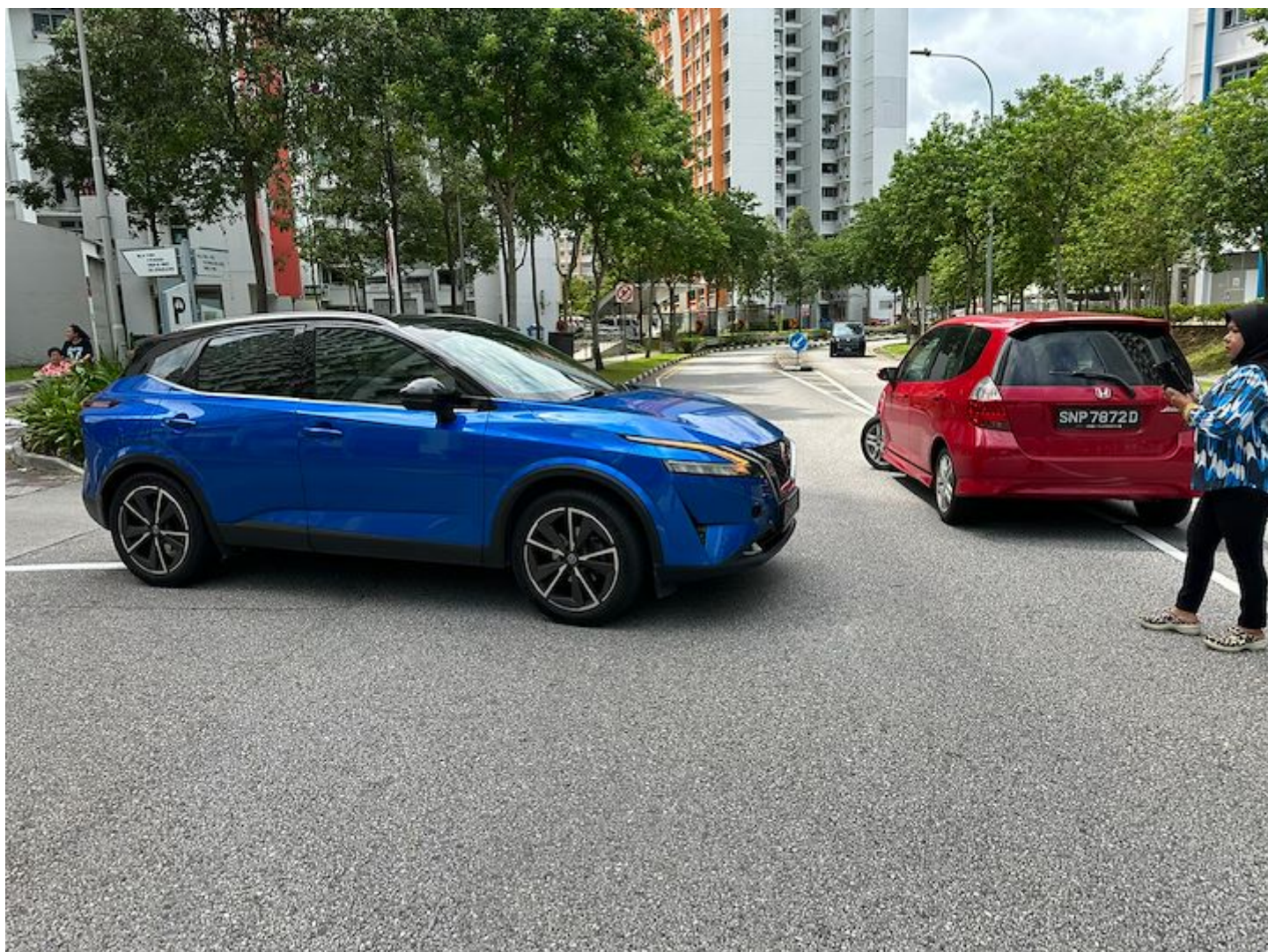
































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: ST0U249C0002 Vehicle Registration No: SLH2999X  
 Name (as shown in NRIC): POH WAI WYUN SAMUEL NRIC/FIN/Passport No: SXXXX875F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97736629  
 Email Address: \_\_\_\_\_  
 Date of Accident: 12/09/2024 Time of Accident: 11:20  
 Place of Accident: REVERVALE CRESCENT NEAR BLK 180B  
 Insurance Company: AIG Asia Pacific Insurance Pte Ltd.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMENDED TO MINOR ROAD / MAJOR ROAD

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Policyholder / Driver's Signature  
 Date: 12/09/2024

Reporting Centre Personnel's Signature  
 Name: 12/09/2024  
 NRIC/FIN No.: MXXXX600R  
 Date: 12/09/2024