

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	18/09/2024 16:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/09/2024 21:29 (SGT)
Exact Location of Accident	Tuas, Singapore
Additional Location Information	SINGAPORE CUSTOM TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ3808L
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUNIR TALHA
Passport No/FIN	GXXXX775L
Email Address	TMUNIR_1@HOTMAIL.COM
Mobile Phone No	(Phone) +65-84980451
Alternative Phone No	(Home) +65-96360619

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI S TRONIC
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	1984
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	7240052021

DRIVER

Name of Driver	MUNIR TALHA
Passport No/FIN	GXXXX775L
Date Of Birth	28/12/1987
Occupation	Indoor
Driving Pass Date	25/04/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84980451
Alt. Phone Number	(Home) +65-96360619
Email Address	TMUNIR_1@HOTMAIL.COM
Address	87 PASIR PANJANG
Address complement	#04-09
Postcode	118892
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	Side Swipe
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

I WAS IN SINGAPORE IMMIGRATION LANE 1 WAITING FOR MY TURN.

THE OTHER CAR FROM LANE 2 TURNED LEFT INTO QUEUE AND SCRATCHED THE CAR ACCIDENTALLY.

SINGAPORE CUSTOM OFFICER ON SITE INFORM THE PARTY THAT HE WAS INDEED IN THE WRONG QUEUE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNH1069M
Vehicle Manufacturer	Mercedes
Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LIM YU JIE
Contact Number	(Phone) +65-98426411
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.
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. 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:

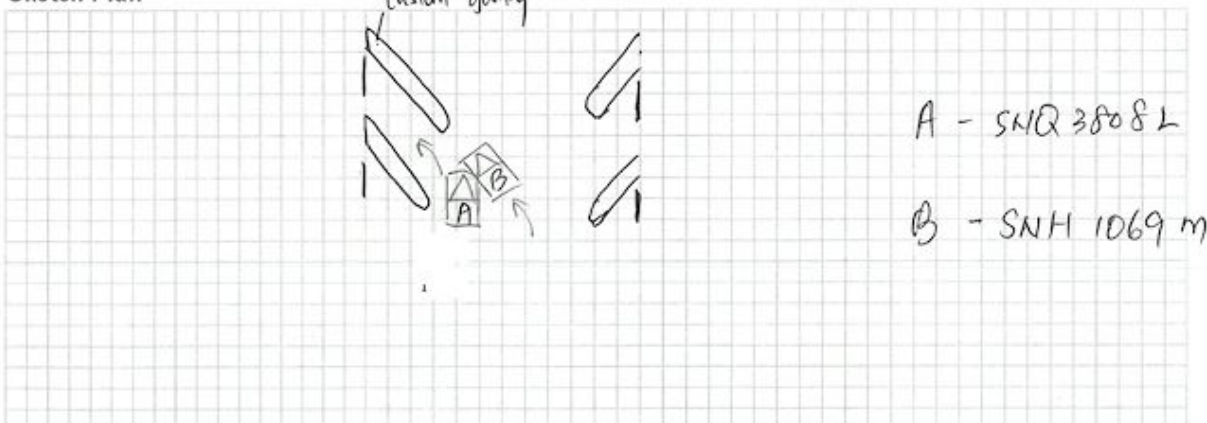
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


 18.9.2024
 Policyholder's Signature / Date & Time
 1:50 PM

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


 Witnessed by Reporting Centre
 Personnel

Sketch Plan



Describe Circumstances of the Accident


I WAS IN
SINGAPORE IMMIGRATION LANE 1
WAITING FOR MY TURN.

THE OTHER CAR FROM LANE 2
TURNED LEFT INTO QUE AND
SCRATCHED THE CAR ACCIDENTLY.

SINGAPORE CUSTOM OFFICER ON-DUTY
INFORM THE PARTY THAT HE
WAS INDEED IN THE WRONG
QUE.

Declaration

We declare the foregoing particulars are true in every respect.


18.9.2024
Policyholder's Signature / Date &
Time 1:00 PM

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


Witnessed by Reporting Centre
Personnel















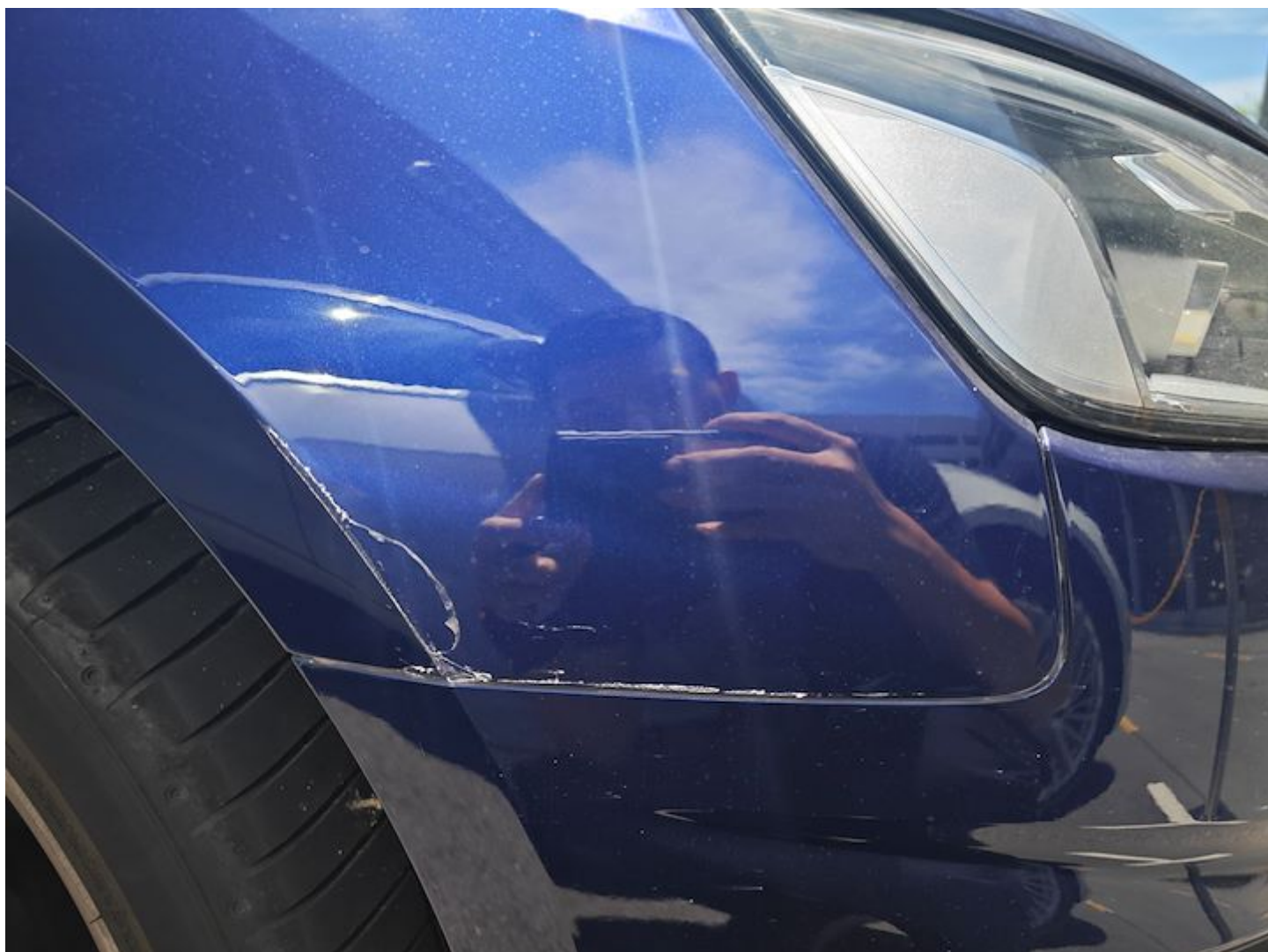


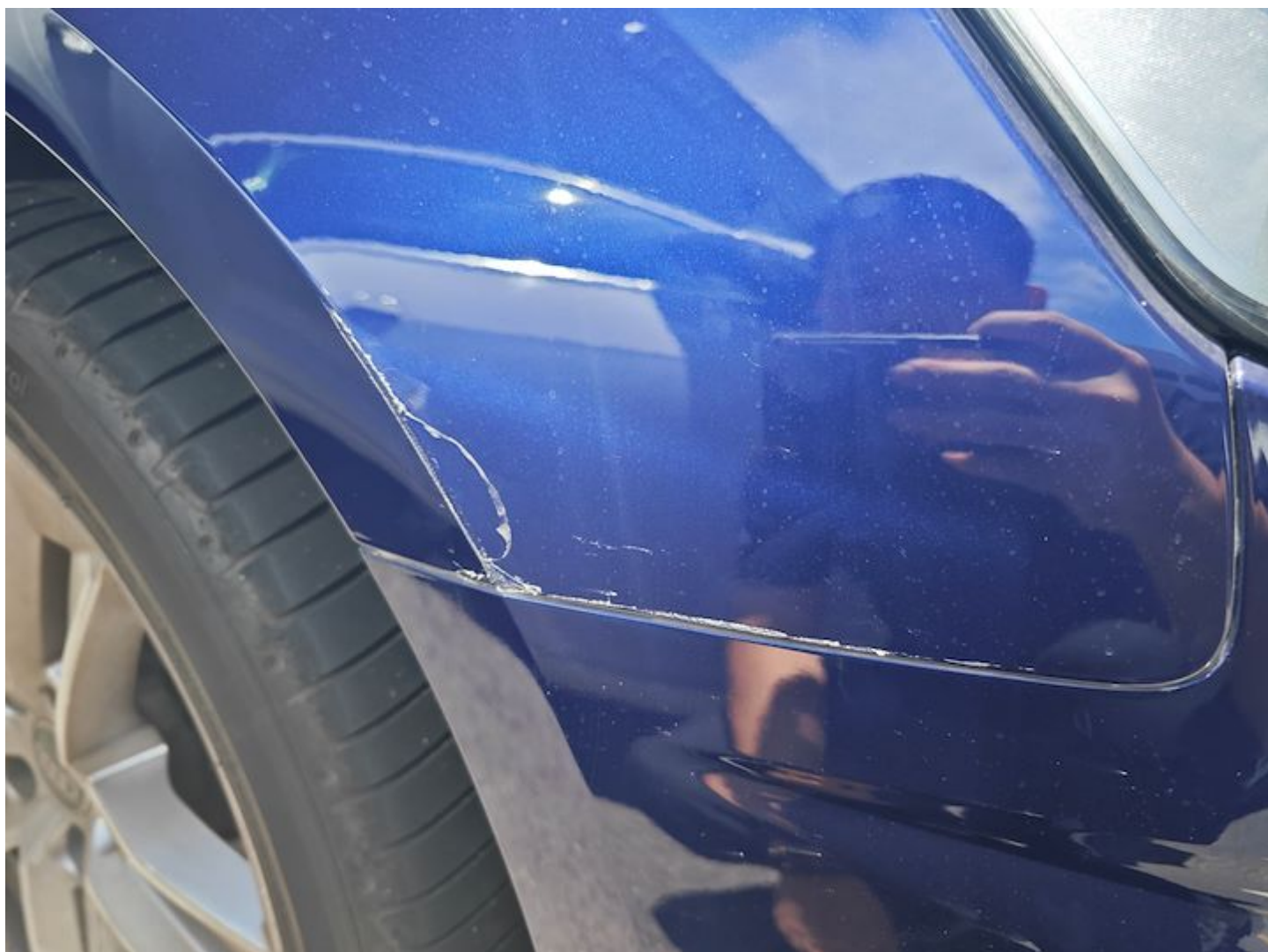




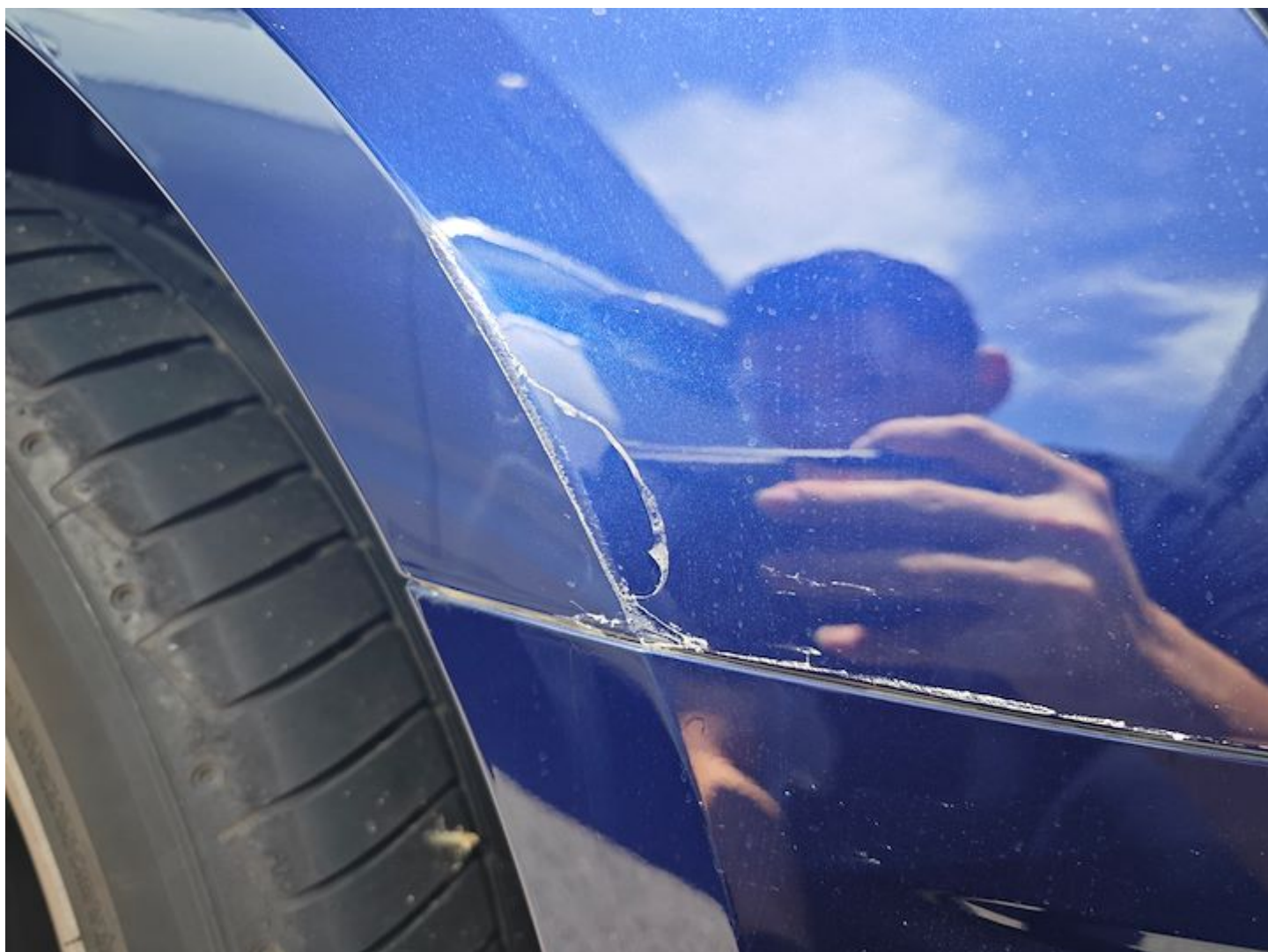


























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP14249I0001 Vehicle Registration No: SNQ 3808 L
Name(as shown in NRIC) : MUNIR TALHA NRIC/FIN/Passport No : GXXXXX775L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 87 PASIR PANJANG, #04-09 Singapore(118892)
Contact (Tel) : _____ Mobile No. : 84980451
Email Address : TMUNIR_1@HOTMAIL.COM
Date of Accident : 17/09/2024 Time of Accident : 21:29
Place of Accident : SINGAPORE CUSTOM TUAS
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:

TO CONVERT FROM THIRD-PARTY CLAIM TO CLAIMING OWN INSURANCE.



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: EN Q1
NRIC/FIN No.:
Date: 1/10/2024