

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	16/11/2024 12:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/11/2024 10:03 (SGT)
Exact Location of Accident	Yishun Street 44, Singapore
Additional Location Information	YISHUN STREET 44 (DRIVING TOWARDS YISHUN STREET 42)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3418Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHOON SIONG
NRIC No	SXXXX666C
Email Address	CHOONL88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98341631
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	1.4 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	1395
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	7210021293-03

DRIVER

Name of Driver	TAN CHOON SIONG
NRIC No	SXXXX666C
Date Of Birth	24/12/1970
Occupation	Indoor
Driving Pass Date	17/06/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98341631
Alt. Phone Number	-
Email Address	CHOONL88@HOTMAIL.COM
Address	48 SEA BREEZE AVENUE
Address complement	-
Postcode	487567
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 - 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)	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

AT ABOUT 10.03AM, TURNING LEFT FROM YISHUN AVE 8 TO YISHUN ST.44. ALONG YISHUN ST.44, CAR #SLX8495J WAS HIT BY MY CAR. SEEMS CAR SLX8495J WAS PREPARING TO TURN LEFT INTO CAR PARK ENTRANCE WHILE MY CAR WAS SUPPOSED TO GO STRAIGHT. MY CAR HIT RIGHT SIDE OF REAR PORTION OF CAR SLX8495J, WHILE MY CAR WAS DAMAGED ON FRONT, LEFT SIDE OF CAR.

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	SLX8495J
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MOHAMMAD HISHAM BIN HASHIM
Contact Number	(Phone) +65-93289460
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

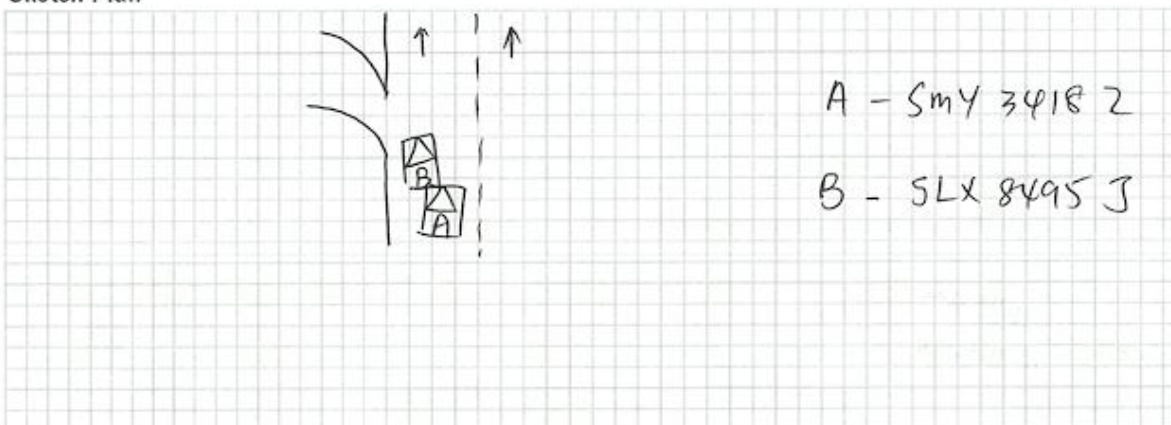
11-35am
16/11/2024

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

At about 10.03am, turning left from Yishun Ave 8 to Yishun St. 44.
 Along Yishun St. 44, car # SLX 8495J was hit by my car.
 Seems car SLX 8495J was preparing to turn left into car park entrance
 while my car was supposed to go straight. My car hit right
 side of rear portion of car SLX 8495J, while my car was
 damaged on front, left side of car.

Declaration

We declare the foregoing particulars are true in every respect.

 11:35 am
16.11.2024

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel















































