SN0824810003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/08/2024 17:42 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/08/2024 17:42 (SGT))

# **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 witholding 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 01/08/2024 17:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/07/2024 21:15 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information JUNCTION WITH MOONNSTONE LANE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SMX5471K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN PENG SENG NRIC No S1805040D Fmail Address 25tanps@gmail.com Mobile Phone No (Phone) +65-97561648 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model

Sorento Variant 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 2151 Vehicle Fuel First Regisration 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 2070179858-02

DRIVER

Name of Driver	TAN PENG SENG
NRIC No	S1805040D
Date Of Birth	25/10/1967
Occupation Date Date	Indoor
Driving Pass Date Driving License Pass Class	17/08/2011
Driving License Pass Class  Driving License Validity	3
Driving experience	Valid 12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97561648
Alt. Phone Number	-
Email Address	25tanps@gmail.com
Address	16 LENGKONG LIMA
Address complement	-
Postcode	417554
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	<del>-</del>
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	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?	NO _
, 65, 634	
CIRCUMSTANCES OF ACCIDENT	
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PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
	VELUCI E PROPERTO
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	FBW3977S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	BERNICE
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

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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' 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
- (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
- (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.

Policyholder's Signature / Date &

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

01/08 Witnessed by Reporting Centre

Sketch Plan

i	was driving along upper Servicion had approaching	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
	traffic light turned red and there was a motor!	
	traffic light turned red and there was a motor b	21
_	stationary of side of road. My car hit the left	7
	side of the motor bike and tike feel down.	
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We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



















