

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 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 ability.
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 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 Report	15/09/2016 12:23
Date Of Accident	14/09/2016 06:40
Exact Location Of Accident	HAIG RD TWDS GEYLANG RD B4 JLN BINJAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1451U
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Insured/Policyholder

Name Of Registered Owner	TAM CHEE WOO JEREMY
NRIC No	S7021391E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96791169
Alternative Phone No	Home-64407010

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
Exact Purpose for which vehicle was being used at time of accident	BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100081998-08000
Cover Note Number	

Driver

Name of Driver	TAM CHEE WOO JEREMY
NRIC No	S7021391E
Date Of Birth	16/06/1970
Occupation	Indoor
Date Of Driving Pass	03/01/1996
Driving Experience	20 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96791169
Fax Number	
Contact Number	Home-64407010
EEmail Address	NOEMAIL

Address	160 HAIG RD #12-02
Postcode	438795
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFP212A
Vehicle Make/Model/Colour	HONDA AIRWAVE 1.5M SKYROOF A
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX2224M
Vehicle Make/Model/Colour	MAZDA MAZDA5
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCZ918E
Vehicle Make/Model/Colour HYUNDAI NFSONATA 2.0
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

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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;



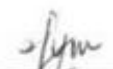
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

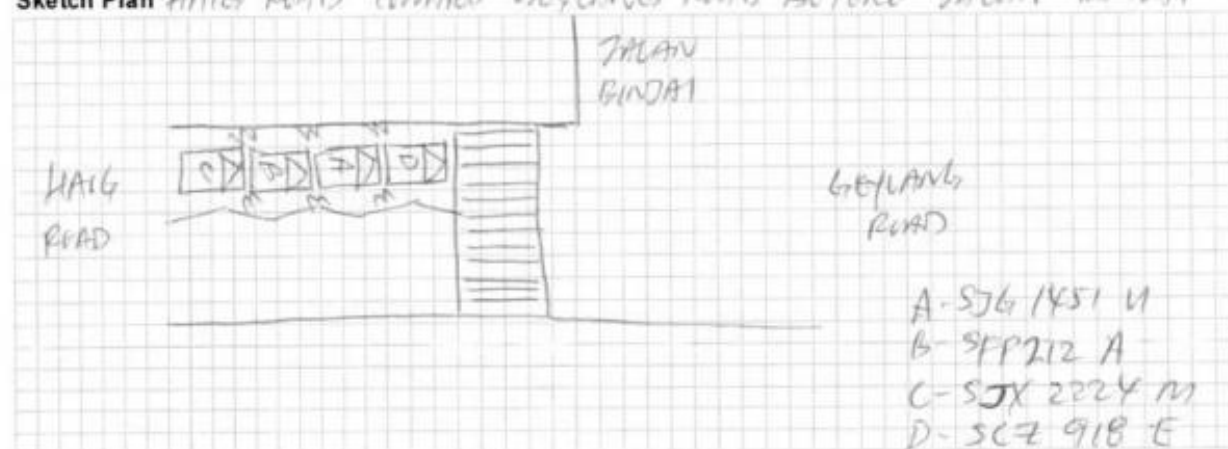
(collectively the "Purposes")

(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.

		 15/09/16
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan HAIG ROAD TOWARD GEYLANG ROAD BEFORE JALAN BINJAI



A-SJG 1451 U
B-9FP212 A
C-SJX 2224 M
D-SCZ 918 E

Sketch Plan #2


Describe Circumstances of the Accident


I WAS DRIVING ALONG HALL ROAD TOWARD GEYLANG ROAD ON THE ONE LANE 2 WAY TRAFFIC. SOMEWHERE BEFORE TAN BINJAI, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. AS SUCH, I ALSO APPLIED BRAKE AND MANAGED TO STOPPED COMPLETELY BEHIND OF VEHICLE (D). AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD HIT ONTO REAR PORTION OF VEHICLE (D). AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLE.


A - SJG 1451 U
B - SFP 212 A
C - SJK 2224 M
D - SCZ 918 E

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 15/09/16
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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