

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	14/09/2017 11:12
Date Of Accident	14/09/2017 08:30
Exact Location Of Accident	HAMPSHIRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5111A
Insured/Policyholder	
Name Of Registered Owner	TANG WEIXIANG, THOMAS
NRIC No	S8310351E
Email Address	THOMAS_TWX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96217051
Alternative Phone No	OFFICE-96217051
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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
If No, Please state action to be taken	
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	1700016560
Cover Note Number	
Driver	
Name of Driver	TANG WEIXIANG, THOMAS
NRIC No	S8310351E
Date Of Birth	22/04/1983
Occupation	INDOOR
Date Of Driving Pass	16/01/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96217051
Fax Number	
Contact Number	OFFICE-96217051
EEmail Address	THOMAS_TWX@HOTMAIL.COM

Address	BLK 663 BUFFALO ROAD #08-11
Postcode	210663
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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

ON 14 SEPTEMBER 2017 AT ABOUT 8.30HR, I WAS TRAVELLING ALONG HAMPSHIRE ROAD. THE TRAFFIC LIGHT WAS GREEN BUT THE VEHICLES WERE NOT MOVING. AS SUCH, I OVERTOOK THE LINE OF CARS TO GO TO THE TURN RIGHT LANE WHICH WAS EMPTY. AS I WAS TRAVELLING, A TAXI ALSO WANTED TO OVERTAKE THIS LANE, BUT FAILED TO CHECK BLIND SPOT AND LOOK OUT FOR CARS ON THE RIGHT WHEN CHANGING LANE. TAXI FRONT RIGHT HIT MY PASSENGER DOORS RESULTING, ME HAVING TO COME TO A STOP. TAXI DRIVER LOOKED DAZED AND HAD BLOODSHOT EYES. HE ALSO ADMITTED TO FAILURE OF CHECKING HIS BLIND SPOT. REPORTED BY: TF, SUBMITTED BY: MAS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3902L
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	PAN FAN LIANG
NRIC/Passport Number	S0791522E
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

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Lay Fong
NRIC/FIN No: 022046147X

Sketch Plan #2

SKETCH PLAN



A 66511

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 September 2017 at about 0830h, I was travelling along Hampshire Rd. ~~The~~ ~~traffic~~ The traffic light was green but the vehicles were not moving. As such, I overtook the line of cars to go to the turn right lane which was empty.

As I was traveling, a taxi also wanted to overtake this line but failed to check blind spot and look out for cars on the right when changing lane. Taxi front right hit my passenger doors resulting me having to come to a stop.

Taxi driver ~~was~~ looked dazed and had bloodshot eyes. He also admitted to failure of checking his blindspot.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: 10/2/17

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

Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No: G20431976

