

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	13/11/2017 11:56
Date Of Accident	11/11/2017 13:35
Exact Location Of Accident	PIE TWRD TUAS EXIT 12,KALLANG BAHRU/BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8117D
Insured/Policyholder	
Name Of Registered Owner	TAN LI WAH
NRIC No	S7009615C
Email Address	SALLYTANLW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90666762
Alternative Phone No	Others-90666762

Vehicle Particulars

Manufacturer	MAZDA
Model	CX-3 SKYACTIV-G 2.0 6AT 2WD SR
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	1700014027
Cover Note Number	

Driver

Name of Driver	BRANDON TAN WEI JIE
NRIC No	S9511724D
Date Of Birth	01/04/1995
Occupation	INDOOR
Date Of Driving Pass	17/11/2014
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91881019
Fax Number	
Contact Number	
EMail Address	BT1995@GMAIL.COM
Address	BLK 541 SERANGOON NORTH AVENUE 4 #12-119

Postcode	550541
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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?	YES
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)	4

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

REFER SKETCH PLAN & STATEMENT

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	SLJ9201H
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Name of Driver	BRANDON KUAN
NRIC/Passport Number	
Contact Number	92396656
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL3087Z
Vehicle Make/Model/Colour	MERCEDES A180
Details Of Properties	
Name of Driver	ANGIE CHEW
NRIC/Passport Number	

Contact Number 84810338
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name BRANDON TAN WEI JIE
Approximate Age 22
Injuries Sustain NECK SPRAIN/ MUSCLE SPASM
Injured person in which vehicle? SLN8117D
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address BLK 541 SERANGOON NORTH AVE 4
#12-119
Postcode 550541

Sketch Plan

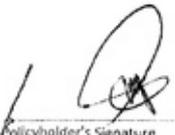
SKETCH PLAN

IMPORTANT NOTICE

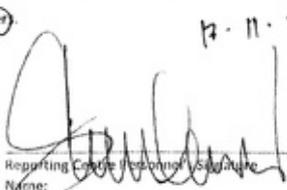
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

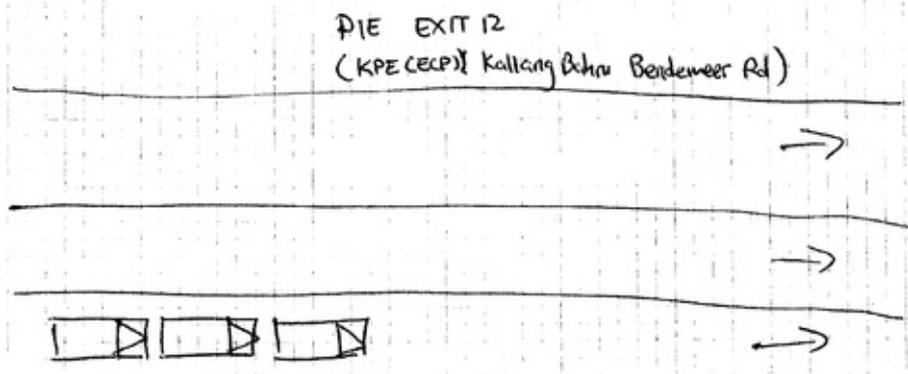
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 order.


Policyholder's Signature
Date & Time: 12 11 17 0937


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 11 17 0937


Reporting Centre / Personal Signature
Name:
NRIC/IN No.:
17.11.2017

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Tuas, it was a clear weather condition just after rain, the road was wet.

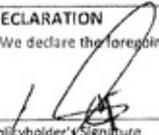
The vehicle in front of me braked, I followed suit and moments later, the vehicle to my ~~back~~ rear hit my vehicle, resulting in my vehicle moving forward and coming into contact with the vehicle in front of me.

Location: Along PIE towards Tuas, Exit 12.

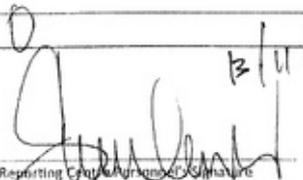
Date: 11/11/17 1335HRS

DECLARATION

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


 Policyholder's Signature
 Date & Time: 13/11/17
 9:44 pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/11/17
 9:44 am


 Reporting Officer's Signature
 Name: [Signature]
 NRIC/FIN No.: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

