

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 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	31/05/2018 12:32
Date Of Accident	31/05/2018 10:25
Exact Location Of Accident	JUNC TAMPINES NORTH DR 2 & TAMPINES NORTH DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7894S
Insured/Policyholder	
Name Of Registered Owner	TAN QUEK KHIM (CHEN YUEQIN)
NRIC No	S7832344B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97442552
Alternative Phone No	OFFICE-97442552

Vehicle Particulars

Manufacturer	CITROEN
Model	C4 1.2 PURETECH EAT6
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100481232-01
Cover Note Number	

Driver

Name of Driver	HAN TECK SIEW
NRIC No	S7411435J
Date Of Birth	13/04/1974
Occupation	INDOOR
Date Of Driving Pass	07/02/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98444949
Fax Number	
Contact Number	OFFICE-98444949
Email Address	NOEMAIL

Address	BLK 230J TAMPINES STREET 21 #05-677
Postcode	523230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STATED DATE AND TIME, VEHICLE B WAS STATIONARY ALONG LANE 2 TAMPINES NORTH DRIVE 2 JUNCTION . MY VEHICLE ACCIDENTALLY SLIDE FORWARD & TOUCH VEHICLE B REAR PORTION. SINCE THE DAMAGED WAS MINOR, BOTH PARTIES DECIDED TO HAVE A PRIVATE SETTLEMENT AND WILL BE CLAIMING INSURANCE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA791E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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 orders.

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SLF78945

B: PA791E

Temples North Dr 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Others

Motor Accident Private Settlement

Date / Time of Accident: 31/05/2018 11:25am Location: Junction of Tampines North Dr 1

Involving vehicles SLE7899S driven by (Name) HAN TECK STEW (S7411435)

and PA791E driven by (Name) Poh Kun HACK (S12031281)

The parties have agreed to settle the matter amicably as follows (delete as appropriate):

- Neither party shall be liable to compensate the other party for any direct and indirect damage or loss arising from the accident, or
- The paying party has paid and the receiving party has received S\$ 100.00 as full and final settlement of all direct and indirect damage or loss arising from the accident on a without admission of liability

There have been no bodily injuries to any parties and no damage to public property so other than the usual insurance reporting for record purpose only, both parties will not file any police report.

[Signature] 31/05/2018
Signature of paying party / Date

HAN TECK STEW
Name of paying party

S7411435
NRIC / PP no. of paying party

98444949
Mobile no. of paying party

markhe@singtel.com.sg
Email of paying party

[Signature] 31.05.18
Signature of owner receiving party / Date

Poh Kun Hack
Name of owner receiving party

S12031281
NRIC / PP no. of owner receiving party

90029971
Mobile no. of owner receiving party

Email of owner receiving party

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118070536 Vehicle Registration No: SLF 78945
Name(as shown in NRIC) : Han Teck Siew NRIC/FIN/Passport No : S7411435J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 230J Tampines Street 21 205-672 Singapore(533230)
Contact (Tel) : _____ Mobile No. : 98444949
Email Address : _____
Date of Accident : 31/5/18 Time of Accident : 10:25
Place of Accident : Junc Tampines North Dr 2 & Tampines North Dr 1
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend date of driving pass (7/2/2005)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: