

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 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 Report	15/11/2018 15:10
Date Of Accident	30/08/2018 12:15
Exact Location Of Accident	NEWTON CIRCUS HAWKER CENTRE CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1864Y
Insured/Policyholder	
Name Of Registered Owner	BENEDICT TAN FOOK MING
NRIC No	S2558856H
Email Address	FMTANB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96396653
Alternative Phone No	Others-96396653

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 EX (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100210032-08
Cover Note Number	

Driver

Name of Driver	BENEDICT TAN FOOK MING
NRIC No	S2558856H
Date Of Birth	28/10/1963
Occupation	INDOOR
Date Of Driving Pass	19/11/1986
Driving Experience	31 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96396653
Fax Number	
Contact Number	OTHERS-96396653
E-Mail Address	FMTANB@GMAIL.COM
Address	1 JALAN TENGGIRI SINGAPORE
Postcode	428247
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 - 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?	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

I WAS EXITING THE CARPARK BEHIND THE VEHICLE NO GBA5870T AND KNOCKED INTO THE BACK OF THE CAR WHEN HE STOPPED SUDDENLY.

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	GBA5870T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOK BOON SIONG (ZHUO WENXIANG)
NRIC/Passport Number	S7112818J
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION		
Date of Report:	15 November 2018	
Date of Accident:	30 AUGUST 2018	
Exact Location of Accident:	NEWTON CIRCUS HAWKER CENTRE CARPARK EXIT	
Time: ~ 12.15 pm.		
DETAILS OF OWN VEHICLE		
Vehicle Registration Number:	SJX1864Y	
NRIC/Passport No./FIN:	S2558856H	
Name of Registered Owner:	BENEDICT TAN	
Company Reg. No.(for Company Veh):		
VEHICLE PARTICULARS		
Manufacturer:	KIA	Model: SORENTO
Exact Purpose for which vehicle was being used at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others	
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> No 3rd Party	
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle	
INSURANCE DETAILS		
Name of Insurance:	AIG	
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	
Policy Number:	2100210032-08	
Driver when the Accident Happen		
Name of Driver:	BENEDICT TAN	
Date of Birth:	28/10/63	
Occupation:	DIRECTOR	
Date of Driving Pass:	19/11/1986	
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile No.:	9639653	
Home No.:		
Address:	No 1 JALAN TENGGIRI	
Email Address:	fintan@gmail.com	
Postal Code:	428247	
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured	
Vehicle Registration Number of driver's Own Vehicle:	SJX1864Y	
Insurance Company:	AIG	
OTHER INFORMATION OF THE ACCIDENT		
Type of Accident:	REAR END	
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify	
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify	
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which Police Station:	N.A.	
Was notice of Intended Prosecution given:	No	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)		
Vehicle Registration Number:	GBA5870T	
NRIC/Passport No./FIN:	S7112818J	
Name of Driver:	ZHANG WENXIANG	
Mobile No.:		
Home No.:		
Address:		
Postal Code:		
Email Address:		
Insurance Company:		
Details of Passenger if any		
Passenger Name:	NIL	
Contact Number:		
Gender:		
Details of Injured Person		
Name:	NIL	
Age:		
Address:		
Injured Sustained:	Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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.

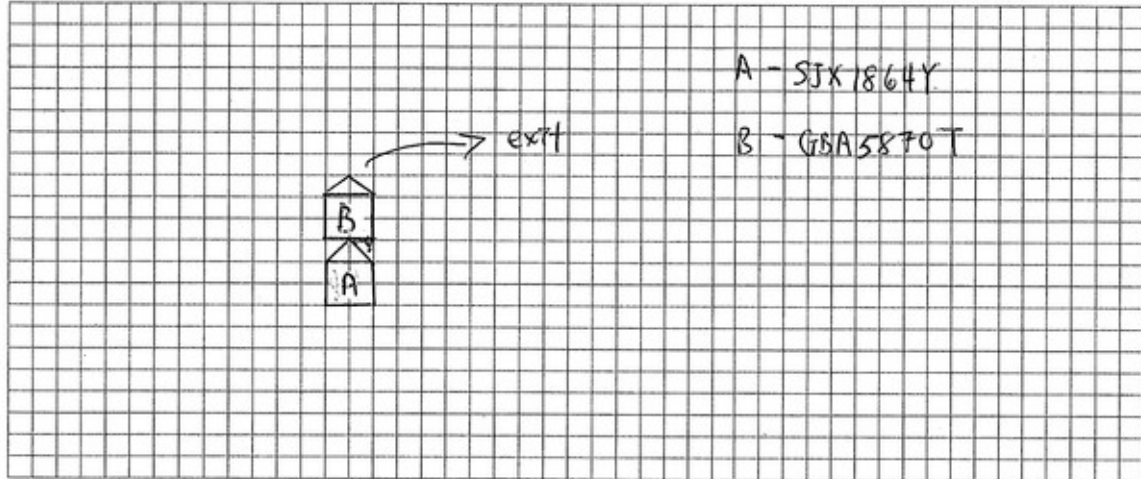

Policyholder's Signature
Date & Time: 15/11/18

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


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



SKETCH PLAN

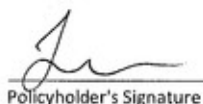


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the car park behind the vehicle no GBA5870T and knocked into the back of the car when he stopped suddenly.

DECLARATION

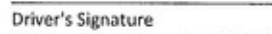
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

15/11/18

GIARMC SketchPlanForm_V3


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


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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

